PROVIDER pulse

Johns Hopkins Health Plans Provider Newsletter

SUMMER 2026

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.

"Summer teaches us that every day is a story worth telling."

// INTRODUCTION

Through our day-to-day work, our corporate initiatives and our programs and processes, we are telling the story of Johns Hopkins Health Plans.

It's been a busy summer improving the functions and efficiency of our provider portal, Availity, and gearing up for open enrollment efforts in the fall. Our new member portal debuts this summer, and with it an improved online directory for members and providers.

The summer issue features articles and information on:

- Recent provider updates
- A reminder on how to submit updates to provider information — don't forget that NPI!
- Articles from the pharmacy team on HEDIS® measures on Pharmacotherapy Management of COPD Exacerbation (PCE) and statins intolerance
- Social determinants of health in EPSDT populations and adolescent incarceration in Maryland

We thank you this season and all throughout the year for helping us deliver high-quality and timely services to our members.

—Jayne Blanchard, Editor

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// 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

Accurate Documentation of Statin Intolerance Counts in Quality Measures

Did you know that accurate documentation of statin intolerance can help ensure our statin quality measures reflect appropriate patient care?

The HEDIS® and Stars measures Statin Therapy for Patients with Cardiovascular Disease (SPC) and Statin Therapy for Patients with Diabetes (SPD/SUPD) evaluate statin use among eligible patients with cardiovascular disease or diabetes.

For patients who cannot tolerate a statin or where a statin is not clinically appropriate, ensure proper documentation of their reactions/symptoms to exclude them from the measures when appropriate. Examples of qualifying conditions and associated ICD10 codes include:

SPC/SPD (HEDIS):

- *Muscular Pain*
  - M79.10 — Myalgia
  - G72.0 — Drug Induced Myopathy
  - M62.82 — Rhabdomyolysis
  - G72.9 — Myopathy
- *Cirrhosis*
  - K74.3 — Primary biliary cirrhosis
  - K74.4 — Secondary biliary cirrhosis
  - K74.69 — Other cirrhosis of liver
  - K70.30 — Alcoholic cirrhosis of liver without ascites
  - K70.31 — Alcoholic cirrhosis of liver with ascites
- *ESRD*
  - N18.6 — End Stage Renal Disease
  - N18.5 — Chronic Kidney Disease, stage 5

SUPD (Stars)

- *Muscular Pain*
  - G72.0 — Drug Induced Myopathy
  - M62.82 — Rhabdomyolysis
  - G72.9 — Myopathy
- *Cirrhosis*
  - K74.3 — Primary biliary cirrhosis
  - K74.4 — Secondary biliary cirrhosis
  - K74.69 — Other cirrhosis of liver
  - K70.30 — Alcoholic cirrhosis of liver without ascites
  - K70.31 — Alcoholic cirrhosis of liver with ascites
- *ESRD*
  - N18.6 — End Stage Renal Disease
  - N18.5 — Chronic Kidney Disease, stage 5
- *Prediabete*s
  - R73.03 — Prediabetes
  - R73.09 — Other abnormal blood glucose

Accurate documentation helps ensure patients with valid exclusions are not included in the measure. It also improves the accuracy of quality reporting and allows us to focus on patients for whom statin therapy remains clinically appropriate.

Thank you for your part in ensuring optimal patient care.

Sources:

https://www.cdc.gov/diabetes/diabetes-complications/statins-and-diabetes.html

https://www.cms.gov/files/document/2026-star-ratings-technical-notes.pdf

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Managing COPD Exacerbation Measure

Are you aware of the HEDIS® measure acronym PCE? It stands for Pharmacotherapy Management of COPD Exacerbation. This measure assesses the percentage of COPD intensification for patients 40 years of age and older who had an inpatient discharge or ED visit and were dispensed:

1. A systemic corticosteroid within 14 days of the event (e.g., prednisone)
2. A bronchodilator within 30 days of the event of the event (e.g., albuterol)

COPD is the fourth leading cause of death in the U.S.[1] Patients experiencing worsening symptoms are at higher risk for repeat exacerbations, more rapid decline in lung function and reduced exercise capacity. COPD exacerbations also result in reduced quality of life and ability to conduct activities of daily living independently.

Proper therapy following an exacerbation, a systemic corticosteroid and a bronchodilator, can reduce the risk of repeat exacerbations, improve lung function and slow the rate of disease progression.

[1]Centers for Disease Control and Prevention (CDC). 2019. COPD. https://www.cdc.gov/copd/index.html (Accessed May 1, 2020).

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// POLICIES AND PROCEDURES

REMINDER: Remote Ultrasound Procedures and Remote Fetal Nonstress Tests

Priority Partners would like to remind our providers about remote ultrasound procedures and remote fetal nonstress tests to eligible pregnant participants under certain circumstances as required by Maryland House Bill 1078 — *Maryland Medical Assistance Program - Remote Ultrasound Procedures and Remote Fetal Nonstress Tests.*

Remote services are covered (since October 2024) under the following conditions:

- The patient is in a residence or another location outside the provider's office.
- The provider adheres to the same standard of care as for in-office services.
- The provider is in compliance with the federal Health Insurance Portability and Accountability Act (HIPAA).
- The provider is enrolled with an active status as a Maryland Medical Assistance Program provider on the date the service is rendered and meets the requirements for participation outlined in COMAR 10.09.36.03.

Reimbursement for a remote fetal nonstress test and remote ultrasound procedure is the same as an on-site test or procedure. Services must be identified and billed using place of service (POS) codes 10 and 12.

- **POS 10:** Telehealth Provided in Patient's Home. The location where health services and health-related services are provided or received through telecommunication technology. Patient is located in their home (which is a location other than a hospital or other facility where the patient receives care in a private residence) when receiving health services or health-related services through telecommunication technology.
- **POS 12:** Home. Location, other than a hospital or other facility, where the patient receives care in a private residence.

All remote fetal nonstress testing and ultrasound equipment should meet the standard for use as outpatient and hospital-based equipment. The equipment should use digital technology to collect health data from the patient and electronically transmit the information in a secure manner to the health care provider in a different location for interpretation. A remote fetal nonstress test must use FDA monitoring solutions for use of the capture and documentation of the following:

- Fetal heart rate
- Maternal heart rate
- Uterine activity

The covered Current Procedural Terminology (CPT) codes that were expanded to permit remote testing are listed in the table below.

CPT Code	Description	FFS Reimbursement
76801	Ultrasound, pregnant uterus, real-time with image documentation; complete, first trimester (<14 weeks, 0 days)	$101.98
76802	Ultrasound, pregnant uterus, real-time with image documentation; each additional gestation	$59.63
76805	Ultrasound, pregnant uterus, real-time with image documentation; complete, after first trimester (≥14 weeks, 0 days)	$114.13
76810	Ultrasound, pregnant uterus, real-time with image documentation; each additional gestation	$76.82
76811	Ultrasound, pregnant uterus, real-time with image documentation; detailed fetal anatomic examination	$170.09

For additional information, go to the Professional Services Provider Manual and Fee Schedule.

For questions regarding Medicaid's reproductive health services, providers should contact the Pregnancy and Family Planning Helpline at 800-456-8900.

// QUALITY CARE

Meeting MDH/NCQA Standards for EPSDT Measures: Member Dental Care Services

As a Priority Partners participating provider, your role is essential in helping our members access quality dental care and ensuring we meet the standards established by the Maryland Department of Health (MDH) and the National Committee for Quality Assurance (NCQA).

Maryland HealthChoice Managed Care Organizations (MCOs), such as Priority Partners, are required to track and report standardized dental metrics to both NCQA and MDH. These Early and Periodic Screening, Diagnostic and Treatment (EPSDT) measures help evaluate the quality and accessibility of dental services for our youngest members.

Together, we can ensure every Priority Partners member has access to the dental care they need for a healthy smile.

Understanding the key dental metrics

- **Annual Dental Visit (ADV):** Measures the percentage of enrolled children (ages 2 to 20) who received at least one comprehensive or preventive dental visit with a dental practitioner during the measurement year.
- **Preventive Dental Services (PDS):** Specifically tracks the subset* of children who received preventive dental treatments, such as cleanings, fluoride applications or sealants.
- **Oral Evaluation, Dental Services:** Assesses the utilization of specific dental exams and oral health evaluations under the Maryland Healthy Smiles Program (see link to website below).

Resources for providers and members

- Visit the Priority Partners website for comprehensive dental care resources, including access to the Dental Care Provider Directory.
- To help members find a dentist, replace a member ID card or handbook or learn more about covered services, direct them to contact Maryland Healthy Smiles Member Services, email us at ppcustomerservice@jhhp.org (please do not include personal health information in your email), or call us at 855-934-9812 (TTY: 711).
- Members can access valuable resources through the Maryland Healthy Smiles Dental Program. From this website, members can:
  - » Find a dental provider (Dental Home) near their home or work using the Provider Quick Search box.
  - » View a copy of the Member Handbook — Spanish language information is available on the website.
  - » Access the Provider Directory for Pregnant Women.
  - » Find transportation assistance: phone numbers for help getting to dental appointments
  - » Review the "Oral Health Resource Guide."
- SKYGEN remains the administrator of dental benefits for 2026.
  - » Phone: 855-934-9812 (TTY: 711).
  - » Email: outreachcoordinator@skygenusa.com
  - » Web Portal: member.mdhealthysmiles.com

Important reminders to give to your patients who are Priority Partners members

- When providing information to a provider, they need to use their Maryland Healthy Smiles Dental Program identification number.
- Additionally, please remind your Priority Partners patients if a dentist asks them to pay for services out of pocket, they should call Customer Service to verify whether services are covered by the plan before paying.
  - » Maryland Healthy Smiles Dental Program Contact Information

    Customer Service: 855-934-9812

    TDD (for hearing impaired) Relay 711

    Website Assistance: 855-434-9239

By focusing on these measures, we can work together to improve oral health outcomes for children and adolescents throughout Maryland.

**Refers to the smaller group of children who are included within the broader Annual Dental Visit (ADV) population and who specifically received preventive dental services during the measurement year.*

- ADV = all enrolled children ages 2 *through 20 who had at least one qualifying dental visit*

- *PDS = the subset of those children who received preventive treatments such as cleanings, fluoride applications and sealants*

In other words, PDS is a subset of the ADV-eligible children, focusing only on those whose dental visits included preventive care.

Social Determinants of Health in EPSDT Populations & Adolescent Incarceration in Maryland

Priority Partners operates under Maryland HealthChoice Medicaid managed care program requirements. These key requirements include Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services for members under 21, access standards for appointments, network adequacy requirements, quality reporting and member rights protections.

Children and adolescents eligible for EPSDT services often experience higher rates of economic instability, food insecurity, housing instability or homelessness, inability to afford medications or transportation to appointments, as well as encountering health care access barriers including:

- Provider shortages in underserved areas
- Transportation challenges
- Limited health literacy among caregivers
- Neighborhood and environment
- Exposure to violence
- Environmental hazards (examples: lead & pollution).

Many of the members of this population experience limited safe spaces for physical activity, adverse childhood experiences (ACEs) and family instability in addition to discrimination and systemic inequities.

In this article we seek to offer resources for both your use as providers and, in turn, to support your Priority Partners members within the EPSDT population.

Maryland-Specific Social Determinants of Health (SDOH) Initiatives

- Maryland Primary Care Program (MDPCP) — Includes SDOH screening requirements
- HealthChoice MCO requirements — Plans must screen for and address social needs
- Maryland Total Cost of Care Model — Emphasizes population health and SDOH

The following examples are health care challenges encountered by the Medicaid youth population are intended to be addressed by the established EPSDT program measures:

- Unmet mental health needs — EPSDT requires mental health screening and treatment
- Substance use disorders — Covered under EPSDT diagnostic and treatment services
- Developmental delays — Diagnosed through early identification and periodic screenings
- Trauma exposure — Current recommendations include integration of trauma-informed care into provider care
- Care transitions — Youth leaving detention need continuity of Medicaid services

Recommendations for Providers

- Screen for SDOH at visits. Validated Screening Tools:
  - PRAPARE (Protocol for Responding to and Assessing Patients' Assets, Risks and Experiences)
  - AHC-HRSN (Accountable Health Communities Health-Related Social Needs)
  - WE CARE survey
- Document findings in medical record (Z-codes)
  - Z59.0 — Homelessness
  - Z59.1 — Inadequate housing
  - Z59.4 — Lack of adequate food
  - Z59.5 — Extreme poverty
  - Z59.6 — Low income
  - Z59.7 — Insufficient social insurance/ welfare support
  - Z60.2 —- Problems related to living alone
  - Z60.4 — Social exclusion and rejection
  - Z62.810 — Personal history of physical and sexual abuse in childhood
  - Z62.812 — Personal history of neglect in childhood
  - Z63.0 — Problems in relationship with spouse/partner
  - Z65.1 — Imprisonment and other incarceration

    - » Z65.3 — Problems related to other legal circumstances
    - » Z91.410 — Personal history of adult physical and sexual abuse
- Develop referral relationships with community resources
- Follow up on identified needs
- Track follow-up and outcomes

Priority Partners Community Resources

- Transportation Services — Non-Emergency Medical Transportation (NEMT). All Priority Partners members are covered for NEMT to medical appointments. For scheduling, please instruct members to go to ppmco.org/transportation or call Member Services at 800-654-9728 at least 3 to 5 business days in advance. However, urgent transportation may be available. Services may include bus passes, sedan/van transport, wheelchair-accessible vehicles and stretcher transport (when medically necessary).
- Food assistance with food bank referrals, SNAP assistance, referrals to Priority Partners Care Management and Community Health Advocate programs
- Housing support with housing resource connections and shelter referrals
- Utility Assistance with energy assistance programs, connection to MEAP, EUSP, OHEP
- Employment support providing referrals to job training and workforce development programs
- Health literacy is promoted and support by providing educational materials in multiple languages.
- Legal needs are supported by referrals to Medical-Legal PPMCO partnerships.

For more provider resources and information, please visit the Priority Partners provider website or call 800-654-9729. Please have clinical information ready and note reference number provided.

Connection Between EPSDT and Justice-Involved Youth

The 2025 internal Priority Partners Early and Periodic Screening, Diagnostic and Treatment (EPSDT) audit revealed an increase in the number of members in the EPSDT age range recently involved with the Maryland juvenile justice system.

This observation has prompted us to take a few actions: further Priority Partners Quality Improvement (QI), implementation of a Clinical Quality Management Nurse (CQMN), research in cause analysis and subsequent review of potential interventions to provide resources and support to members and providers.

Encouragingly, per the Data Resource Guide Fiscal Year 2025 Maryland Department of Juvenile Services Executive Summary: "The number of youth involved in all levels of the juvenile justice system in Maryland has seen a significant long-term decline over the past decade, including a steep decrease during the COVID-19 pandemic (FY 2021). Since then, numbers for complaints — and subsequently detentions and commitments — rose but remained below pre-pandemic levels. Complaints and detention decreased again in FY 2025." (SOURCE: Maryland Department of Juvenile Services [DJS] annual data reports. https://djs.maryland.gov/media/58)

Serving Justice-Involved Youth

- Coordinate with the Maryland DJS for youth transitioning from detention.
- Ensure Medicaid enrollment is active upon release.
- Address trauma history with appropriate services.
- Connect families with community support systems.

Provider and Member Resources

- The Sentencing Project
- Annie E. Casey Foundation (KIDS COUNT)

Priority Partners and Provider Roles

Priority Partners' role in supporting justice-involved youth transitioning from juvenile facilities includes:

- Medicaid reactivation support
- Care management enrollment
- Connection to community providers
- Coordination with DJS

The provider's role is to notify Priority Partners when serving justice-involved youth:

- Request a Care Management referral for transitioning youth

- Complete comprehensive EPSDT screening
    - » Screen for trauma history
- Address identified health needs and developmental concerns
- Coordinate with DJS case managers and foster parents to ensure continuity during placement changes.

// BENEFITS AND PLAN CHANGES

Cabana Live Mental Health and Peer Support Program Available to Johns Hopkins USFHP Members

Johns Hopkins USFHP offers a new service available to all USFHP members and their families.

Cabana Live is a program that gives access to confidential mental health and peer support services at no cost to members. As you may know, military life brings unique challenges — from managing deployments and family separations to navigating career transitions and everyday stress. Cabana Live is designed specifically for the military community, offering a safe and private space where members can find support when they need it without long wait times, the need to schedule an appointment or any out-of-pocket costs.

Cabana Live Features

- Members can join live support groups led by experts with military experience within hours, connecting with others who truly understand what they're going through.
- Complete privacy with camera-off groups, voice masking and the option to use an alias, so members can participate in a way that feels comfortable for them.
- Access to self-care tools like guided meditations and practical skill-building exercises. Topics include stress management, relationship building, focus and decision-making and adjusting to civilian life
- Signing up requires only an email address of the member's choice.

How You Can Help

USFHP members whom you believe might benefit from confidential mental health or peer support services can be referred to yourcabana.com/members/usfhp-jh. Sign-up is via the USFHP member portal. We encourage you to explore the benefits of Cabana Live and recommend the program to your USFHP member patients for consideration in support of their mental health and well-being.

// PROVIDER UPDATES

Provider Updates Summary

Keep current on news providers can use from Johns Hopkins Health Plans. Here's a roundup of recent Provider Updates about our health plans and processes.

Benefits and Plan Changes

- New Member Portal Coming This Summer (7/15/2026)

Claims and Billing

- Authorization Changes Effective Sept. 21 for USFHP (8/5/2026)
- Authorization Changes Effective Sept. 7 for Advantage MD and Priority Partners (7/22/2026)
- Additions to Quarterly New Codes Effective July 1, 2026 (7/15/2026)
- Authorization Changes Effective Sept. 7 for Advantage MD and Priority Partners (7/22/2026)
- Additions to Quarterly New Codes Effective July 1, 2026 (7/15/2026)
- IB Required for High Dollar Claims Effective July 18, 2026 (7/8/2026)
- Authorization Changes Effective Sept. 1, 2026 (7/1/2026)
- DME Authorization Changes Effective April 1, 2026 for Priority Partners (6/24/2026)
- Reminder: Electronic Prior Authorization Requests via Availity Requirement (6/17/2026)
- New MDH Website for Select Fee Schedules; New Provider Enrollment System (6/17/2026)
- Authorization Changes Effective Aug. 1, 2026 (6/10/2026)
- New Prior Authorization Requirement Tool Available June 15 (6/3/2026)

Policies & Procedures

- Continuation of Scaled Down Functionality in HealthLINK (8/5/2026)
- USFHP Changeover to Availity Provider Portal Coming August 15 (7/8/2026)

// REMINDERS

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 EHP, Advantage MD, Priority Partners and USFHP, 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.

Vaccination Is an Important Part of Preventive Care

Johns Hopkins Health Plans supports physician-guided preventive care, including seasonal, annual and prenatal vaccination. We encourage members to talk to their primary care doctor about the vaccinations that are right for them and appreciate our providers' engagement with our members to ensure they receive any needed vaccinations.

We inform all our members that:

- They can spread viruses like the flu and COVID-19 before they even have any symptoms, so getting vaccinated is a good way to protect yourself *and* others.
- Health experts recommend getting the flu shot and COVID-19 vaccine together.
- They should talk to their doctor about getting the RSV vaccine too, especially if they are older or are around young children or older adults.
- If they are pregnant, to be sure they get their prenatal flu shots to help protect them and their baby before and after birth.

We understand that some people worry that vaccines are unsafe, but we assure members that seasonal vaccines like the flu shot are tested for years and checked closely for safety. Most people only get mild side effects, like a sore arm, and serious problems are rare. Of course, we encourage any members who have questions about vaccines to talk to their primary care doctor, who knows their health history and can help them decide what is appropriate.

We thank you for having these important discussions about preventive health with our plan members.

Reminder of Overpayments Address for Johns Hopkins Health Plans

Recently, a number of checks from providers have been reported as mailed to the Hanover, MD address. In light of this, 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 out to **Johns Hopkins HealthCare**. We can only accept and process remittances when the 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, MD 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 numbers(s), applicable dates of service, and applicable EOB, if possible, with the check when submitting a refund.

Important D-SNP Notice: Please Follow Correct Billing Processes

In light of chronic issues with incorrect billing processes, we would like 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.

Updated Provider Demographic Information: It's Required

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 version can be emailed or faxed. See below for options for submitting the form.

Reminder: The form must be completed in its entirety, including the individual provider's name, NPI, and practice address. Listing only the group name is not sufficient to process a PCP change.

Please also be sure to include any changes in panel status (accepting new patients or not), as we want to ensure we are capturing 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 Relations at 888-895-4998 (Option 4) with any questions about the provider changes reporting process.

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.

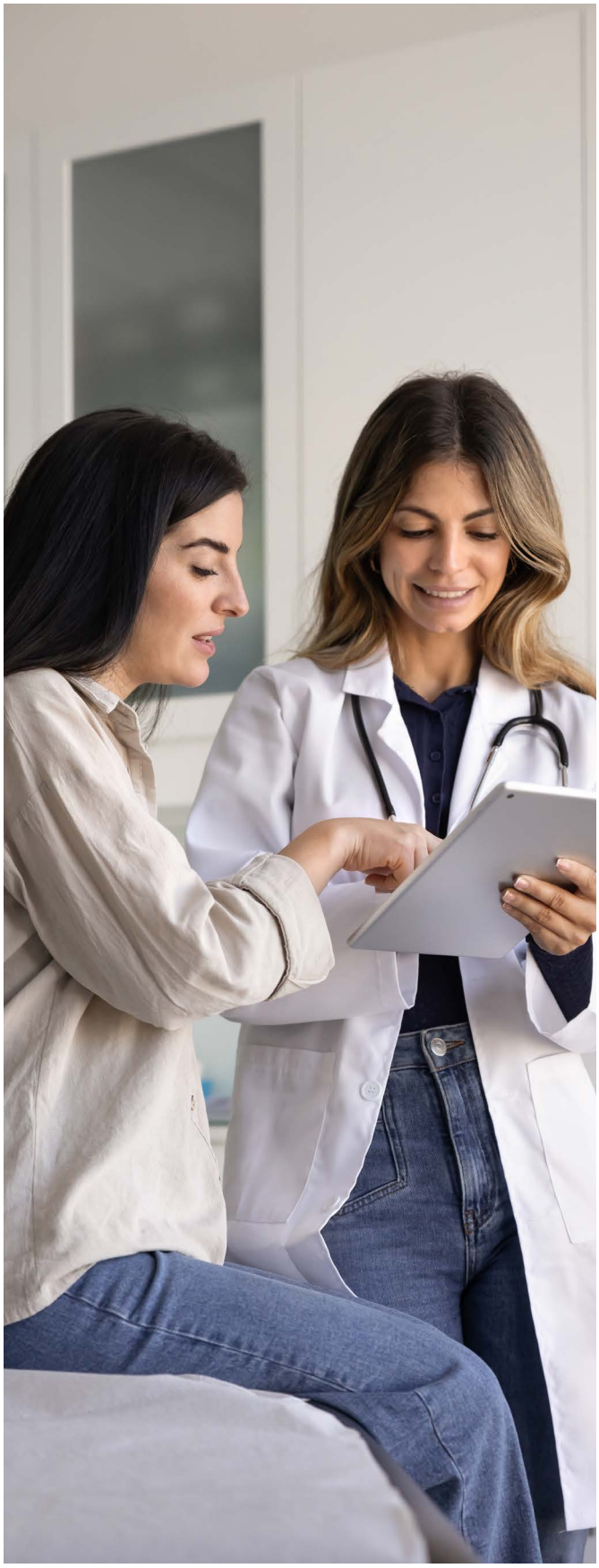
Member Benefit Reminder: Refer Your Members to Mental Health Services Through BetterHelp

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

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

Advantages of BetterHelp

- Supplements the existing network of quality mental health care providers available to members, adding more therapists and psychiatrists.
- 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 BetterHelp is primarily virtual, some providers offer in-person appointment options.
- Allows members to schedule an appointment with a psychiatrist or therapist as soon as the next day and no further out than two weeks.
- Similar cost shares for BetterHelp providers are the same as all in-network mental health care services.
- Members can self-refer or providers can now refer members to BetterHelp to locate a provider in the 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 410-424-2603

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

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 410-424-2602
- Outpatient medical review
  Fax 410-424-2603

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

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 219960
Kansas City, MO 64121-9960
Attn: USFHP Claims
Electronic claims payor ID# 52123

Mail Order Pharmacy
800-345-1985

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.

PRPULSE25-SUMMER 2026

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