

PROVIDER pulse

Johns Hopkins Health Plans Provider Newsletter

WINTER 2026



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JOHNS HOPKINS
HEALTH PLANS

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



“Winter is the season of recovery and preparation.”

— Paul Theroux

// INTRODUCTION

After the end-of-the year bustle, winter is a time of reclaiming and getting in gear with the improvements and added efficiencies at Johns Hopkins Health Plans. It’s going to be a year of growth and innovation at Johns Hopkins Health Plans, and we want to keep our provider network informed of the exciting changes ahead.

The winter issue features articles and information on medication adherence, maternal health programs and resources and timely submission of OB/GYN records to Priority Partners’ Early and Periodic Screening Diagnosis and Treatment (EPSDT) program. We thank you this season and throughout the year for delivering high-quality, timely services to our members.

—Jayne Blanchard, Editor

// PHARMACY

Pharmacy Formulary Update

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

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

Pharmacy websites to bookmark:

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

Medication Adherence Best Practices and Tips for Providers

Nearly 50% of patients do not take their medications as prescribed. This statistic underscores a critical challenge we face in health care today: medication nonadherence. Our providers know that even the best treatment plans can fall short if patients don’t consistently follow through with their medications.

To help you continue to provide excellent care and support adherence among your patients, we've compiled a few **best practices and tips** that can make a lasting difference:

- **Start the conversation early.** Engage your patients in a discussion about the importance of the medication(s) **at the first prescription – right from the beginning.** Setting the stage early can foster a sense of ownership and responsibility, helping them stay committed.
- **Simplify the regimen.** Complex medication schedules are a major barrier. Whenever possible, consider prescribing medications that are easier to manage – like **once-daily doses, combination pills or medications that can be taken with food.**
- **Encourage your patients to utilize technology.** Medication **reminder apps and digital health tools,** in addition to pill boxes, can be incredibly effective in keeping patients on track.
- **Monitor and follow up.** Don't wait for patients to report issues – **proactively check in with them, whether through a follow-up call or appointment.** Early intervention can prevent small issues from escalating into bigger problems.
- **Ask about and address barriers head on. Costs, side effects and confusion** are common barriers to adherence. Be proactive in identifying these issues, and work with your patients to find affordable options or solutions to side effects.
- **Offer long-term supplies and mail-order prescriptions.** For patients with chronic conditions, **consider prescribing 90-day supplies and recommending mail-order pharmacies.** This reduces the frequency of pharmacy visits and helps maintain a consistent supply of medications, decreasing the risk of gaps in treatment.
- **Involve family and caregivers.** Having a support system can make a world of difference and can help create a consistent, supportive environment for the patient.
- **Reinforce positive behavior.** When patients adhere to their medication regimen, **celebrate those small wins.** Positive reinforcement helps to build trust and motivates them to stay on course.

Medication adherence fosters a partnership where patients feel supported and empowered to follow through with their treatment. By applying these strategies, we can overcome barriers and significantly improve patient health outcomes.

// **BENEFITS AND PLAN CHANGES**

Maternal Health Matters at Priority Partners

Maternal health encompasses pregnancy, childbirth and the postpartum period. In most cases, maternal health involves multiple aspects of health care, including mental health, to ensure a positive and fulfilling experience for the mother.

Priority Partners' focus on maternal health can be seen in our benefits, programs and resources. Please take a moment to review what we offer our members in partnership with the Maryland Department of Health (MDH).

1. **Doula Program:** Trained professionals who provide emotional and physical support throughout the perinatal and postpartum period, up to 180 days. [Click here](#) to learn more about the program.
2. **Home Visiting Services:** Home Visiting Services offer support and teach parenting skills to birth parents before and after birth: Prenatal, and up to 3 years postpartum. [Click here](#) for more information.
3. **CenteringPregnancy:** Care, support and learning in a group setting before and after birth. You will meet with your provider for an exam to check on your baby, and you will also meet with your group of about eight to ten pregnant people. [Click here](#) for more information.
4. **MOM Program:** Are you pregnant and have opioid use disorder, or have a history of using opioids? The MOM program could be right for you. It can help you get all the care and services you may need during pregnancy and after your baby's birth, too. [Click here](#) to learn more.

5. **HealthySteps Program:** If you have a child under three years old, HealthySteps adds a child development specialist to your child's pediatric care team. [Click here](#) to learn more about the program.
6. **Services for Children with Lead Poisoning and Asthma:** Maryland has two new programs to support families with a child who was exposed to lead, including removing the lead from the home and providing in-home visits and support. [Click here](#) to read more about this program
7. **Healthy Babies Coverage:** Medicaid may be able to provide free health care if you are not a U.S. citizen. To be eligible, you must be pregnant, live in Maryland, and meet the income limit. For more information, please [click here](#).
8. **Diabetes Prevention Program (DPP):** If you have prediabetes, the HealthChoice Diabetes Prevention lifestyle change program may be for you. It can help you lose weight, become more active and prevent or delay type 2 diabetes. [Click here](#) to learn more about the program.



US Family Health Plan
A TRICARE® Prime Designated Provider

Member Name
SAMPLE SAMPLE
Member ID: SAMPLE

PCP Copay: \$0
Specialist Copay: \$0
ER Copay: \$0
www.hopkinsushp.org

PCM:
SAMPLE PRIMARY
PCM Phone #: 123-456-7890
PCN: ADV
Grp: RX4291
BIN: 004336



| Emergency Care | Contact Info |
|---|---|
| <p>If you are experiencing a life threatening emergency call 911 or go to the nearest emergency room. You must notify your Primary Care Manager within 24 hours and follow up care must be pre-approved.</p> | <p>Emergency Care: 911 Suicide & Crisis Helpline: 988 Customer Service: 410-424-4528 or 800-808-7347 Behavioral Health Services: 844-344-4218 After Hours Nurse Line: 844-344-4218 Provider Information: hopkinsushp.org/for-providers/</p> |
| <p>Claims Submission</p> <p>Electronic EDI Payor ID #52123 Paper PO Box 219960 Kansas City, MO 64121-9960 Attn: USFHP Claims</p> | |
| <p>*Do not bill Medicare except for ESRD and services not covered by the US Family Health Plan</p> | |

Changes to 2026 USFHP Member ID Card

The Member ID card for US Family Health Plan (USFHP) has a new look and contains useful information for the provider and member. Please familiarize yourself with changes to the 2026 ID card:

- **Links to provider information added**
- **Electronic Payer ID added**
- **988 number added**
- **Eligibility date change:** Please note that ID cards are only being sent to new beneficiaries or those with copay changes. All other members will continue to use their current ID Cards. Hence, future USFHP ID cards will not list eligibility dates. Before providing services, a provider should verify eligibility by calling Provider Services at 410-424-4528, or toll free at 800-808-7647, or by using Johns Hopkins Health Plans' secure online portal, [HealthLINK](#).

// CLAIMS AND BILLING

Important D-SNP Notice: Billing and Services

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

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

Fee Schedule Updates

Fee schedule updates are received each quarter. Johns Hopkins Health Plans configures these updates in the claims payment systems accordingly the month these updates are received. As reimbursement is based on these fee schedules for Employer Health Programs (EHP), Advantage MD, Priority Partners and US Family Health Plan (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.

// QUALITY IMPROVEMENT UPDATES

Timely Submission of OB-GYN Records for Priority Partners Members

The role of OB-GYN specialty providers is pivotal in Priority Partners' continuing compliance with the Maryland Department of Health (MDH) Early and Periodic Screening Diagnosis and Treatment (EPSDT) program and the Maryland Healthy Kids Medical Program.

Specifically, Priority Partners asks for your help with the measure STI/HIV Risk Assessment and HIV Testing Measure for female members ages 15 to 18 years of age.

Timely submission of the Priority Partners member's OB-GYN records to the member's PCP is essential to maintain compliance with MDH's EPSDT regulations.

Can we count on your assistance and support in ensuring that Priority Partners medical records reflect our compliance with the MDH measure for STI/HIV Risk Assessment and HIV Testing for all 15- to 18-year-olds? Please note the role of the specialty care providers is discussed in the [Priority Partners Provider Manual](#): "... Providing consultation summaries or appropriate periodic progress notes to the member's PCP on a timely basis following a referral or routinely scheduled consultative visit."

We thank you for your partnership in providing high-quality, responsive health care to our Priority Partners members.

// PROVIDER UPDATES

Summary of Provider Updates

Keep current on our weekly communications with this round up of recent provider updates from Johns Hopkins Health Plans.

Benefits and Plan Changes

- [Revision to Preventive Services Covered Code List](#)

Claims and Billing

- [Authorization Changes Effective Feb. 1, 2026](#)
- [Quarterly New Codes for Advantage MD and EHP](#)
- [Quarterly New Codes for Priority Partners Effective Jan. 1, 2026](#)

Pharmacy

- [New Prior Authorization Requirements for Certain Medications](#)

Policies and Procedures

- [Report Billing and Provider NPI Numbers for ePREP](#)
- [Enrollments Resume for Priority Partners on Feb. 2, 2026](#)
- [Reimbursement Policy Reminders: EviCore and NCCI](#)
- [Newborn Notification Process Changes for Priority Partners](#)
- [Follow the Correct Expedited Appeals Process](#)

Reminder: Priority Partners Now Accepting New Members

As of Monday, Feb. 2, all enrollments have resumed for Priority Partners. Enrollees are again able to select Priority Partners, and the Maryland Department of Health (MDH) will resume auto-assigning a percentage of enrollees to the plan. [Read the announcement from MDH](#) for more information.

Additionally, first-time enrollees with no Medicaid history, as well as enrollees recently auto-assigned to a plan, may switch plans to Priority Partners within their first 90 days.

If patients/members have questions about the plan, please direct them to Priority Partners Member Services at 800-654-9728 or ppcustomerservice@jhhp.org. For questions about enrolling, patients can call Maryland Health Connection at 855-642-8572.

// REMINDERS

Keep Current on MDH Provider Transmittals

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

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

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.



Reminder to Update Provider Demographic Information

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

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

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

- **Delegated Rosters:** Follow the established process for submitting notification of any provider changes and confirm whether the provider is accepting new patients or not.
- **Digital Submission of the Provider Information Update Form** (*preferred*): Submit the [Online Digital Provider Information Update Form](#) directly from the provider website.
- **Email Submission:** Fill out the [Provider Information Update Form*](#) and email it to ProviderChanges@jhhp.org. This mailbox is monitored daily to collect and process all provider changes.

- **Fax Submission:** Use this method **only** if you are using a Social Security Number in place of a Tax ID Number. Complete the [Provider Information Update Form*](#) and fax to 410-762-5302 to ensure identity protection. Do not send digitally or by email.

*This form is located on [HopkinsHealthPlans.org](https://www.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.



Network Access Standards

Johns Hopkins Health Plans complies with state regulations designed to help make sure our plans and providers can give members access to care in a timely manner. These state regulations require us to ensure members are offered appointments within the following time frames:

Priority Partners

| Service | Appointment Wait Time (Not More Than): |
|--|--|
| Initial prenatal appointments | Ten (10) business days from request, or from the date the MCO receives a Health Risk Assessment (HRA) for the new enrollee (unless enrollee continues care with established provider and established provider concludes that no initial appointment is necessary) whichever is sooner. |
| Family Planning appointments | Ten (10) days from the date enrollee requests appointment |
| High Risk enrollee appointments | Fifteen (15) business days from MCO's receipt of the enrollee's completed HRA |
| Urgent Care appointments | Forty-eight (48) hours from date of request |
| Routine, Preventive Care, or Specialty Care appointments | Thirty (30) days from initial request or, where applicable, from authorization from Primary care provider (PCP) |
| Initial newborn visits | Fourteen (14) days from discharge from hospital (if no home visit has occurred) |
| Initial newborn visits if a home visit has been provided | Within thirty (30) days from date of discharge from hospital |
| Regular optometry, lab or X-ray appointments | Thirty (30) days from date of request |
| Urgent optometry, lab or X-ray appointments | Forty-eight (48) hours from date of request |
| Wait for enrollee inquiries on whether or not to use an emergency facility | Thirty (30) minutes |

Employer Health Programs

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

US Family Health Plan

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

Advantage MD

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

Behavioral Health (all plans)

| Service | Appointment Wait Time (Not More Than): |
|-------------------------------------|--|
| Behavioral health routine initial | Ten (10) business days |
| Behavioral health routine follow-up | Thirty (30) calendar days |
| Behavioral health urgent | Immediate |
| Behavioral health emergency | Immediate |

FOR YOUR REFERENCE

Provider Relations

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

Provider Demographic Changes and Updates:

If there are any changes in your practice or facility, you are **required** to notify the Johns Hopkins Health Plans Provider Relations department by email at ProviderChanges@jhph.org or by using the online [Provider Information Update Form](#).

Care Management Referrals

caremanagement@jhph.org or 800-557-6916

DME (Durable Medical Equipment)

Fax 410-762-5250

Availity Provider Portal

www.availity.com/essentials-for-health-plans
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@jhph.org

Fraud, Waste & Abuse

FWA@jhph.org

Utilization/Care Management

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

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

ADVANTAGE MD

Websites

Providers: HopkinsHealthPlans.org
Members: HopkinsMedicare.com

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

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

Dental Services

DentaQuest at: 844-231-8318

Medical Claims Submission

Advantage MD
P.O. Box 3537
Scranton, PA 18505

Medical Payment Disputes

Advantage MD
P.O. Box 3537
Scranton, PA 18505

Pharmacy Services

877-293-5325

Prior Authorization

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

Silver&Fit®

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

TruHearing

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

Vision Services

Superior Vision at 800-879-6901

EHP

Websites

Members: ehp.org
Providers: HopkinsHealthPlans.org

Customer Service (Provider)

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

Care Management

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

Dental – Delta Dental

800-932-0793

Health Education

800-957-9760

Medical Appeals Submission

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

Medical Claims Submission

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

Mental Health and Substance Disorder Services

800-261-2429
410-424-4476

Cigna

800-261-2393

Pharmacy (Mail Order Only)

888-543-4921

Pharmacy Provider Prior Authorization for Medical Necessity

(Fax numbers may vary). Refer to provider website: hopkinsmedicine.org/johns-hopkins-health-plans/providers-physicians/our-plans/ehp

Utilization Management

800-261-2421
410-424-4480

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

PRIORITY PARTNERS

Websites

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

Customer Service (Provider)

800-654-9728

Dental (Maryland Healthy Smiles Dental Program)

855-934-9812

HealthChoice

800-977-7388

Health Education

800-957-9760

Medical Appeals Submission

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

Medical Claims Submission

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

Mental Health Services

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

Outreach

410-424-4648
888-500-8786

Provider First Line

410-424-4490
888-819-1043

Referrals

866-710-1447
Fax 410-424-4603

Substance Disorder Services

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

USFHP

Websites

USFHP: hopkinsusfhp.org

TRICARE: tricare.mil

Formulary: hopkinsmedicine.org/johns-hopkins-health-plans/providers-physicians/our-plans/usfhp/pharmacy

Customer Service (Provider)

(benefit eligibility, claims status)

410-424-4528

800-808-7347

Appointment Locator Service

888-309-4573

Members can speak to and work with staff that can help them find urgent and routine appointments with mental health and substance disorder professionals.

Care Management

410-762-5206

800-557-6916

Health Education

800-957-9760

healtheducation@jhhp.org

Inpatient Utilization Management

Fax 410-424-2602

Outpatient Utilization Management

Fax 410-424-2603

Medical Appeals Submission

Johns Hopkins Health Plans

7231 Parkway Drive, Suite 100

Hanover, MD 21076

Attn: USFHP Appeals

Medical Claims Submission

Johns Hopkins Health Plans

PO Box 830479

Birmingham, AL 35283

Attn: USFHP Claims

Mail Order Pharmacy

410-235-2128 (Maryland residents)

800-345-1985 (Non-Maryland residents)

Mental Health/Substance Disorder Services

410-424-4830

888-281-3186

Office of Quality & Transformation

410-424-4538

Performance Improvement/Risk Management

410-338-3610

Superior Vision

800-879-6901

United Concordia Dental

800-332-0366

Under a separate agreement, the plan has arranged for members to receive dental services from selected community dentists under a discounted fee structure.

PRPULSE23-WINTER 2026

Important notice:

Please distribute this information to your billing departments.

PROVIDER
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JOHNS HOPKINS
HEALTH PLANS

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