



PROVIDER NOTICE

Provider Relations Department 1-888-895-4998

Important Facets Information for Priority Partners, EHP and Johns Hopkins ElderPlus Providers

Health Plans Affected: Priority Partners, Johns Hopkins Employer Health Programs (EHP), and Hopkins ElderPlus

Type of Change: Claims Submission and Management System, Claims Editing System, and Claims Payment and Remittance Service

Explanation of Change:

In an effort to transform and improve the efficiency of our processes, Johns Hopkins HealthCare is converting to Facets, an industry standard claims submission and management system. Implementation for Priority Partners occurred on Sept. 1. Implementation for EHP and ElderPlus will occur on Dec. 1. The Facets system replaces the MC400 system.

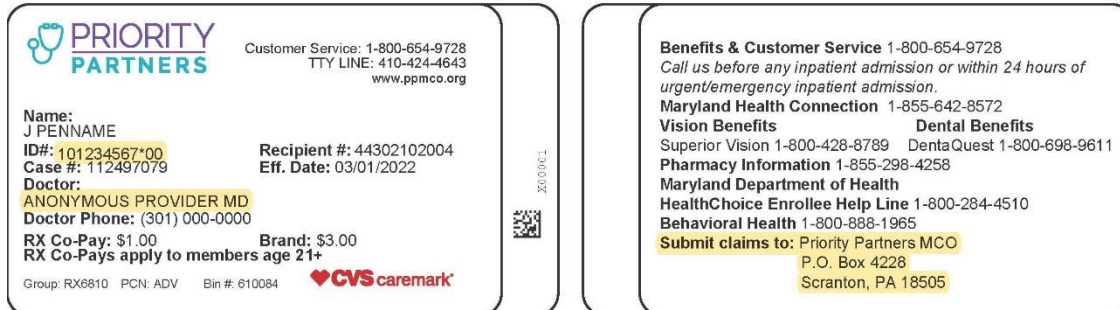
What will change:

- If a provider is not submitting claims electronically, claims will only be accepted through the [HealthLINK](#) portal or through the postal system. JHHC will no longer accept claims via fax or email after the transition.
- If mailing in claims, please use separate envelopes and mail to the unique address for each health plan, new claims address for Priority Partners, EHP, Hopkins ElderPlus noted below:
 - **Priority Partners:** P.O. Box 4228, Scranton, PA 18505 (date of service 9/1/22 or after)
 - **EHP:** P.O. Box 4227, Scranton, PA 18505 (date of service 12/1/22 or after)
 - **Hopkins ElderPlus:** P.O. Box 4077, Scranton, PA 18505 (date of service 12/1/22 or after)
 - Do not submit claims for multiple health plans in the same envelope.
- Claims editing system will change from McKesson ClaimCheck to Optum CES.
- Electronic claims payment and remittance service will change from Change HealthCare to PNC Healthcare
- **The [Priority Partners PCP Change Form](#)* has been revised as of September 1, 2022 to note individual PCP assignment. Please use the revised form..**
- Member ID card changes
 - New member ID cards will have the same format as current member ID cards. Member identification numbers will be a nine-digit numeric value and 2-digit person number. EHP group numbers will change slightly; the prefix will be the same but longer. The claims address on the back of the member ID card will change. See sample cards on next page.
 - **PCP designation will be individual provider instead of group for Priority Partners.** *Members who were previously assigned at the group level will be assigned to an individual PCP based upon PCP claim history/experience. If the member does not have claims history with that PCP group, then members will be distributed randomly across the PCPs within that group. **Members can no longer be assigned to a PCP group/site, however, members may see any provider designated as a PCP in the same group as the assigned PCP as long as that PCP bills under the same TIN and group NPI.***

Please contact the JHHC Provider Relations department at 888-895-4998 with any questions or concerns.



- New Priority Partners member ID cards were mailed out mid-August. New EHP and Elder Plus member ID cards will be mailed out mid-November.



What will remain the same:

- Electronic submission of claims, payor IDs for EDI claims submissions
- Submission of claims through the HealthLINK portal
- Existing address and fax number for paper submission of payment disputes or clinical appeals
- Web portal/electronic submission of payment disputes and clinical appeals through HealthLINK

During the Transition:

Claim Submissions

● **EDI Submissions:**

- No change to payor IDs
- Inpatient claims submitted electronically do not need to be split. Inpatient claims will be processed based on admit date. Availity will be routing claims as necessary.
- Interim inpatient claims billed for inpatient stay with admit date prior to the cutover should be submitted under the old member ID#
- EDI claims need to be split by date of service for outpatient claims or claims for professional services provided during an inpatient stay.
- If a member is in ER (POS 23) and/or outpatient/observation (POS 22) over the cutoff period (midnight), provider (facility) should bill using Bill Type I31 (Outpatient Admit to Discharge), which is similar to our Inpatient logic to use Admit date prior to cutoff. All other outpatient services would be split by date of service.
- Authorization information will be carried over to Facets system.
- Authorization numbers will be valid on both claims if a date span requires a split claim. Authorization numbers in MC400 will be transitioned into Facets, the number will remain the same. JHHC will transfer unused units on existing authorization to Facets as available units.
- After the transition, the option to view the remittance will still be available in HealthLINK for Priority Partners and EHP.
- There will not be a crosswalk of member ID numbers in HealthLINK; new member ID numbers will be available in HealthLINK after the transition



- **Paper Submissions**
 - **Inpatient Claims**
 - If admit date is prior to 9/1 for Priority Partners, 12/1 for EHP and ElderPlus, submit claims to current claims PO Box
 - If admit date is on or after 9/1 for Priority Partners, 12/1 for EHP and ElderPlus, submit claims to new PO Box
 - **Outpatient/Professional Claims**
 - DOS prior to 9/1 for Priority Partners, 12/1 for EHP and ElderPlus– submit claims to current claims PO Box
 - DOS on or after 9/1 for Priority Partners, 12/1 for EHP and ElderPlus – submit claims to new PO Box
 - Providers will receive two remits; one for DOS prior to 9/1 for Priority Partners, 12/1 for EHP and ElderPlus and one for DOS after 9/1 for Priority Partners. 12/1 for EHP and ElderPlus
 - Claims cannot be faxed after the migration.
- **Payment Disputes and Clinical Appeals**
 - **Paper Submissions:**

No change. Payment disputes send to:
Johns Hopkins HealthCare LLC
Attn: Adjustments Department
7231 Parkway Dr, Ste.100
Hanover, MD 21076
or Fax: 410-424-2800.
Clinical appeals send to
Johns Hopkins HealthCare LLC
Appeals Department
7231 Parkway Drive, Suite 100
Hanover, MD 21076
or Fax: 410-762-5304.
For ElderPlus follow process per ElderPlus Provider Manual.
 - **Web Portal Submissions**

No change to process
 - **Customer Service**

Providers will call the existing Customer Service numbers and follow the prompts. **Please follow the prompts carefully so your call is directed correctly.**

**If the link to this PDF breaks, please visit our [Resources and Guidelines](#) page*