Johns Hopkins Health Plans

Provider Education

US Family Health Plan

MIS1136VV07252024

Johns Hopkins Health Plans

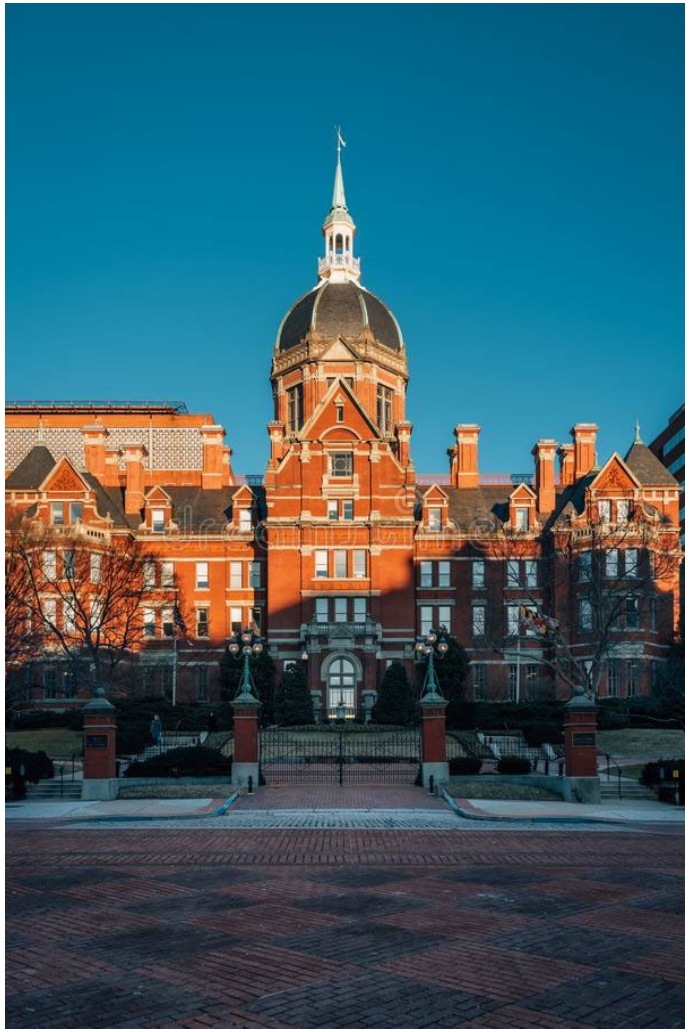
Welcome:

Johns Hopkins Health Plans provides health care services for four health plans: Priority Partners, Employer Health Programs (EHP), US Family Health Plan (USFHP) and Advantage MD.

Agenda

- Welcome to Johns Hopkins Health Plans
- Johns Hopkins Health Plans website
- USFHP product overview
- Updates for 2024
- Referrals and prior authorization
- Claims and appeals
- Resources and important information

Johns Hopkins Health Plans Mission &Vision

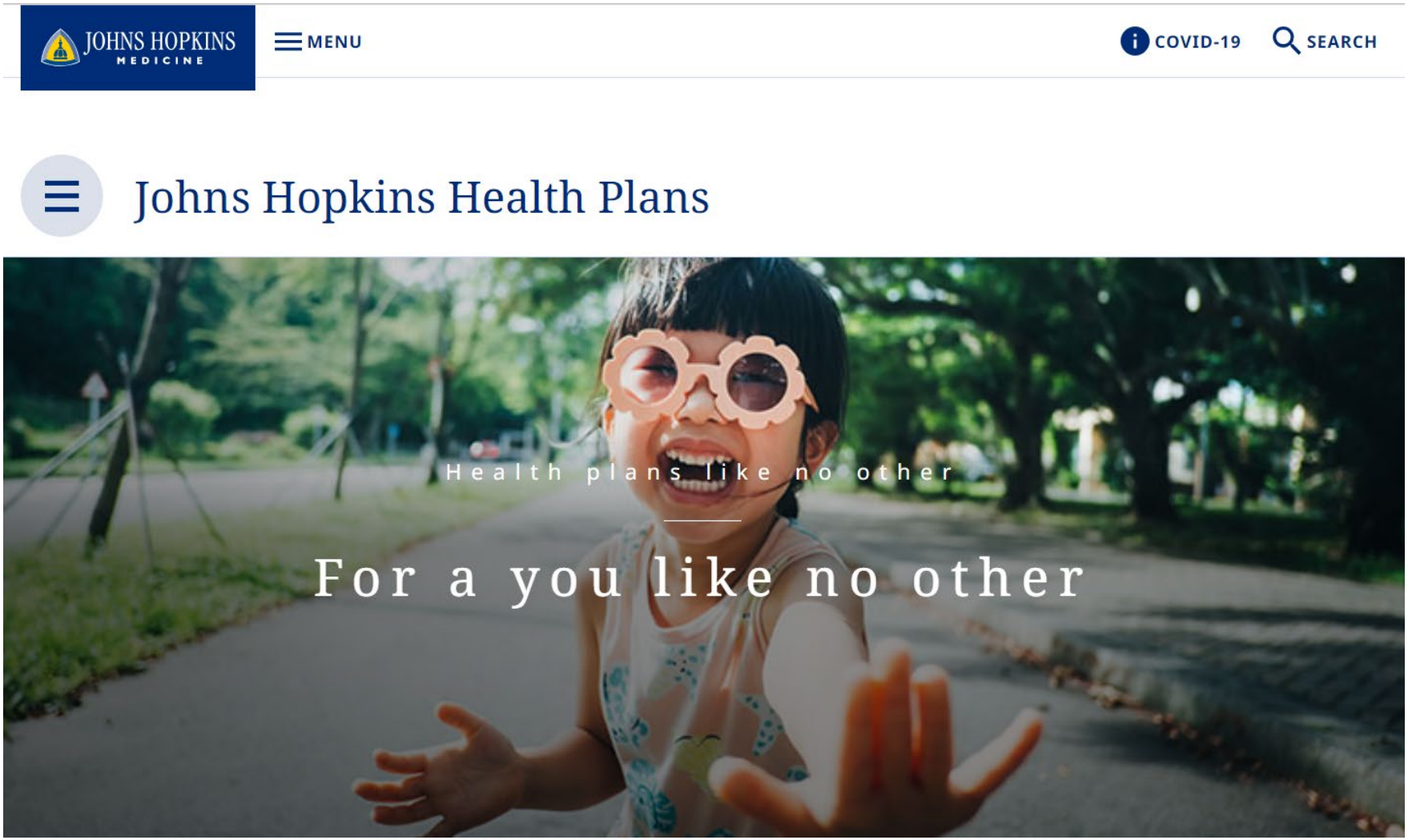


- **Mission:**
- To optimize the health of individuals, populations, and communities through innovations and science-based solutions that advance the mission of Johns Hopkins Medicine.

- **Vision:**
- Establish Johns Hopkins Health Plans as the leader in the translation of evidence-based solutions into population health programs and products that drive proven results and empower individuals and communities to achieve good health.

Johns Hopkins Health Plans

Provider Website



JOHNS HOPKINS HEALTH PLANS

Johns Hopkins Health Plans

Provider website includes:

- Provider Manuals
- Forms (Provider Dispute, Clinical Appeals, PCP Change Forms etc.)
- Availity Web Portal
- Medical Policies
- Reimbursement Policies
- Online Provider Directory
- Resources & Guidelines
- Communications Repository
- Provider Education

USFHP Plan Overview

Johns Hopkins US Family Health Plan (USFHP) is a health care choice for eligible beneficiaries under the Department of Defense's TRICARE Prime® program.

USFHP Plan Overview

Health care is provided to:

- Active duty family members
- Activated National Guard and reserved family members
- Retirees and their family members
- Certain grandfathered beneficiaries who are age 65 and older

USFHP Plan Overview

USFHP offers programs and services to help members better manage their health.

Coordination of benefits: As a DoD-authorized provider of TRICARE coverage, USFHP is committed to preventing waste of federal resources. One critical way to do this is by verifying any other health insurance coverage our members have. USFHP and all TRICARE plans cannot pay any benefit that is payable by another health plan or health care coverage. Under this law, as well as clear DoD requirements, if a USFHP beneficiary has other health care coverage, that coverage must be billed first (exceptions are Medicaid and Medicare Supplement plans).

USFHP Plan Overview

For members who have coverage under both USFHP & Medicare:

- Medicare cannot be billed for services that are covered by USFHP.*
- Members who have coverage under both USFHP and Medicare may only use Medicare benefits for non-covered USFHP services, such as chiropractic care or end-stage renal disease.
- Members utilizing Medicare for benefits covered under USFHP are subject to disenrollment.
- Providers billing Medicare for services covered by USFHP are subject to termination from the USFHP network.
- Johns Hopkins Health Plans Provider Relations will contact you to remind you of these requirements and ask that you rebill if it is reported that your office billed Medicare as primary in error.

*NOTE: Members with End Stage Renal Disease (ESRD) are the exception to this.

USFHP Plan Overview

- **Prescription coverage:** USFHP utilizes the TRICARE pharmacy formulary for prescription drug benefits. Walgreens is the network pharmacy for USFHP.
- **Dental care:** USFHP members take advantage of two free dental cleanings per year and discounted dental benefits administered through United Concordia Companies, Inc. (UCCI) and its Concordia Advantage. Members can call UCCI customer service at 800-332-0366.
- **Vision care:** One free eye exam each year from a plan provider. Vision benefits are administered through Superior Vision 1-800-507-3800.
- **Care management program:** The program features support and resources that members need to better understand and manage their health. Members can call 800-557-6916 for more information.
- **Pregnancy resources:** Various programs for expectant moms including care management and maternity programs. For additional information about these programs, members should call customer service at 800-808-7347.

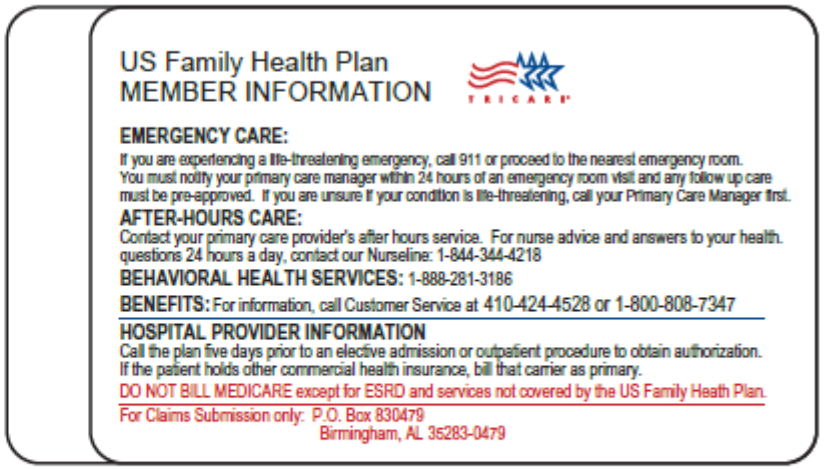
Military Treatment Facilities

- As a condition of membership, USFHP members are not permitted to use a military treatment facility (MTF) for non-emergency care, including the MTF pharmacy.
- MTF pharmacies are not included in the USFHP network and cannot be used.

USFHP Member ID Cards

Front

Back



New for 2024

New for 2024: UpLift Behavioral Health

- USFHP members have access to behavioral health providers in the UpLift network. UpLift is a virtual behavioral health practice that expands access to providers. The interface also allows members to schedule an appointment with a psychiatrist or therapist as soon as the next day, and no further out than two weeks.
- UpLift supplements the existing network of quality behavioral health care providers available to members, adding more therapists and psychiatrists. The UpLift platform also 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. 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.

New for 2024: Preconception and Prenatal Testing

USFHP covers preconception and prenatal carrier screening for the following conditions:

- Cystic fibrosis
- Spinal muscular atrophy
- Fragile X syndrome
- Tay-Sachs disease
- Hemoglobinopathies
- Conditions linked with Ashkenazi Jewish descent

The TRICARE benefit will cover one test per condition throughout the beneficiary's lifetime regardless of risk status.

- Codes 81200, 81205, 81209, 81242, 81250, 81251, 81260, 81290, 81330, 81361, 81362, 81363, 81364, 81412, 81443, 0236U covered with prior authorization.

2024 TRICARE Out-of-Pocket Expenses

USFHP includes comprehensive TRICARE Prime® medical and mental health services, prescription drug coverage, and preventive and routine care—plus extras like discounted services, care management, dental cleanings, and more.

Out-of-pocket costs include:

- **Ambulance, outpatient**
- **Ambulance outpatient air** *(when medically necessary)*
- **Dental Care** *(basic preventative)*
- **Durable medical equipment**
- **Emergency room services**[5] *(including out of the area)*
- **Urgent Care Center**
- **Routine eye examination** *(1 per Plan year)*
- **Radiation / chemotherapy office visits**
- **Prescription drug copays (***Walgreens retail)*
- **Skilled nursing facility care**
- **Out of area** *(emergency services only)*

Please visit the USFHP Benefits and Costs page for more information.

New for 2024: Behavioral Health Audit

Beginning in 2024, USFHP is conducting an annual statistically valid sample size audit of Behavioral Health (BH) network providers documentation for the following standardized measures:

- Post-Traumatic Stress Disorder (PTSD)
- Anxiety disorders
- Depressive disorders

The audit is across all BH settings (outpatient mental health (MH) and SUD, Opioid Treatment Programs (OTPs), Intensive Outpatient Programs (IOPs), partial hospitalization, psychiatric RTCs, and inpatient/residential Substance Use Disorder Rehabilitation Facilities (SUDRFs) and when age appropriate, USFHP will report audit results of the Standardized Behavioral Health Measures that complies with the requirements in the TOM Chapter 7, Section 6, Para 8. (CDRL A090)

New for 2024: Behavioral Health Audit (continued)

- USFHP is also creating educational materials for behavioral and mental health providers to promote the use of required standardized measure assessments. The materials will be posted on our website: www.HopkinsHealthPlans.org

- USFHP will use claims data to identify all providers submitting anxiety, depressive disorder, and/or post-traumatic stress syndrome, either as primary or secondary.

- Direct outreach will be made to diagnosing providers to ensure they are performing the appropriate assessments in accordance with timelines outlined in this requirement. Outreach may be conducted telephonically, electronically, or in-person, depending on volume of claims and members captured in claims review.

Vendor Partnerships & Provider Resources

Vendor Partnership: Novologix Medical Injectables

Prior authorization will be required for the medical injectable drug codes listed in this link:

- **Codes Requiring Prior Authorization**:
  - List of applicable codes for USFHP.

How to Request Prior Authorization:

- Providers may submit prior authorization requests electronically by accessing the NovoLogix portal through the Availity Provider Portal .The Novologix portal must be accessed through Availity for USFHP prior authorization requests.
- Providers may also contact NovoLogix by phone at 844-345-2803.

Provider Resource: JPAL

The Johns Hopkins Prior Authorization Lookup tool (JPAL) is a provider resource to check and verify preauthorization requirements for outpatient services and procedures. Located in the HealthLINK and Availlty provider portals, JPAL offers a user- friendly way for providers to look up prior authorization requirements.

- Providers can simply click on the JPAL link in Availity and HealthLINK under the "Administration" tab to access this tool.

JPAL tips:

- Please remember to confirm the authorization requirements of all outpatient procedures via JPAL before delivery of service.
- If prior authorization status is unclear, submit an authorization request to Johns Hopkins Health Plans Utilization Management department.
- Authorizations are not a guarantee of payment.

Provider Resource: JPAL (continued)

JPAL features:

- Search by specific procedure code or procedure description.
- Confirm the authorization requirements of all procedures before delivery of service.
- Search results are organized by procedure code, modifiers, procedure description, and individual lines of business.
- Clicking on the procedure code link or on any line of business link brings up specific details, such as the rules pertaining to preauthorization for each line of business and access to the applicable medical policy document.

NOTE: JPAL is a resource to look up prior authorization requirements only. Authorization requests cannot be submitted through JPAL. Please follow Johns Hopkins Health Plans current policies and procedures to request prior authorization, which are available on the Johns Hopkins Health Plans website.

Provider Resource: Online Provider Update Form

If there are any demographic changes in your practice or facility, you are **required** to notify the Provider Relations department:

- Submit digitally via the Online Digital Provider Information Update Form.
- Email to ProviderChanges@jhhp.org. This email box is monitored daily to collect and process all provider changes. Please fill out the Provider Information Update Form (located under "For Providers" and then under the Forms section of the "Resources and Guidelines" page) and attach it to the email before sending to Johns Hopkins Health Plans.
- Information on both forms includes changes to telephone numbers, address, suite number and email or fax numbers.
- **Note:** If you are using a Social Security Number in place of a Tax ID, the completed update form must be faxed to 410-762-5302 to ensure identity protection. Do not send digitally or by email.
- W-9 requests should be submitted to: w9requests@jhhp.org.
- Any questions about the provider changes reporting process may be directed to Provider Relations at 888-895-4998 (option 4).

*If you are under a Delegated Credentialing Agreement please follow the process outlined per that agreement.

Provider Resource: OnDemand

Johns Hopkins OnDemand Virtual Care (powered by Teladoc) gives members access to an urgent care medical visit 24/7 from the comfort of their home, or anywhere they may travel in the United States. Johns Hopkins Health Plans encourage members to utilize their primary care provider when possible, but Johns Hopkins OnDemand Virtual Care is an alternative option to quickly access needed care.

- The Johns Hopkins OnDemand Virtual Care service is as an online telemedicine platform for both adult and pediatric patients. It is available to members through mobile app, computer or tablet.
  - The service is intended for minor care concerns that do not require lab work, such as colds, rashes and pinkeye.
  - The service is not for medical emergencies. If a patient is experiencing a medical emergency, they should call 911 or go to the nearest emergency room.

OnDemand Virtual Care Process

- Johns Hopkins providers will staff the platform and attempt to perform the virtual visit with the member first. If a Johns Hopkins provider is not available, or if the member is located in a state where the Johns Hopkins provider is not licensed, then a Teladoc-employed provider will see the member virtually.
- The health care provider will join via secure video or phone and assess the member's symptoms, make a diagnosis, recommend next steps and answer any questions the member may have.
- If medications are necessary, the provider will electronically send prescriptions to the member's network pharmacy.
- Telemedicine providers will refer members back to their PCP for follow-up care.

Please note: Members can use their providers' telemedicine services, but they cannot request to see their PCP through the Johns Hopkins OnDemand Virtual Care program.

Provider Resource: Telemedicine

- For telemedicine services provided by in-network providers, we ask providers to use the POS code that represents the location from which he/she rendered the telemedicine visit (for example, POS 11 if services are rendered from the provider's office). CMS 1500 professional and UB04 telemedicine claims must still contain one of the telemedicine GT, GQ or 95 modifiers.
- Audio-only telephone services are covered. Telephonic office visits included under the member's USFHP benefit plan are covered permanently. Telephonic consultations are covered permanently.
- Codes 98966-98968, 99441-99443, G2012 covered per TRICARE Policy Manual (TPM).
- Please note that USFHP specialty provider visits require the referring PCP's NPI number on the claim submission.

Provider Resource: Telemedicine

- Codes 99446-99449, 99451, and 99452 covered per TPM.
- No prior authorization required.
- Applied Behavioral Analysis (ABA) Code 97156 is no longer covered as a telehealth visit for USFHP members during COVID-19 public health emergency, which ended 5-12-23.

Primary Care Physician Referrals

Referrals:

- Do not need to be sent to the plan (this pertains only if member is referred to a USFHP participating specialist)
- Can be sent directly to the specialist
- Specialist will enter the referring primary care provider's NPI number in box 17b of the CMS 1500 form
- Referring primary care provider is also required to be noted in box 78/79 on the UB-04 form for outpatient hospital services that do not require an authorization.
- Include the referring primary care provider's NPI on the script/referral that is sent to the specialist.

Primary Care Provider (PCP) Coordination of Specialty Care

- The PCP either provides the care directly or refers the member to the appropriate service or specialist when treatments are outside the scope of the PCP's practice. The PCP's office is responsible for identifying sources of specialty care, making referrals, and coordinating that care.

Reminders:
Required Specialist Provider Responsibilities for USFHP Providers

- Please take note that specialist providers for USFHP members are responsible for providing all consultation and treatment notes to the PCP who referred the member for these specialist services.

- The U.S. Department of Defense requirement states that the PCP should receive an initial report of specialty services and treatment. This initial report may be oral, as long as a written report is provided to the PCP within 30 calendar days from the date or service, or sooner if the member's condition warrants a shorter timeframe. Please take note that specialist providers for USFHP members are responsible for providing all consultation and treatment notes to the PCP who referred the member for these specialist services.

Johns Hopkins USFHP

Claims & Appeals
Prior Authorization

Claims and Appeals Process

Claims:

- Must be submitted on CMS 1500 or UB-04 forms
- Specialist or ancillary providers must include referring primary care provider's NPI in Box 17b of the CMS 1500 form
- Rendering provider's NPI must be in Box 24J of CMS 1500 form
- Referring primary care provider is also required to be noted in box 78/79 on the UB-04 form for outpatient hospital services that do not require an authorization.
- Submission must be within six months (180 calendar days) of the date of service.

For more information see TRICARE Manual, Chapter 1, Section 7.1.

Claims and Appeals Process

Electronic Data Interchange (EDI):

- For additional information on EDI, please send an email request to edi@jhhp.org. EDI Payor ID #52123
- Balance Billing
- Participating providers cannot balance bill a member for a covered service.
- A participating provider cannot balance bill a member for a non-covered service unless the member has signed a specific acknowledgment of financial responsibility.
- The Acknowledgement and Financial Responsibility form can be found at www.HopkinsHealthPlans.org under Resources and Guidelines.

Claims and Appeals

Payment Dispute:

- A payment dispute form may be submitted to USFHP to dispute how a claim was processed within 90 calendar days of the denial EOP (Explanation of Payment) date; some disputed denial reasons may include:
    - Timely filing
    - Coordination of benefits
    - MUE denial
    - Overpaid/underpaid per contract
    - Incorrect fee schedule
    - Authorization not on file (submit with authorization number)

Claims and Appeals Process

Clinical Medical Necessity Appeal:

- A clinical appeal may be submitted to USFHP to request additional clinical review after a denial of authorization for a service (inpatient or outpatient). Clinical appeals must be received within 90 calendar days of the date on the denial letter.
  - Submit medical necessity appeals with the Provider Appeal Submission Form
- Payment disputes and clinical appeals may also be submitted electronically via the web versions of these forms accessible in HealthLINK.

Claims and Appeals Process

Claims Address

US Family Health Plan

Attn: Claims Department

P.O. Box 219960

Kansas City, MO 64121-9960

Appeals Address

US Family Health Plan

Attn: Appeals Department

7231 Parkway Drive, Suite 100

Hanover, MD 21076

Referrals and Prior Authorization

Prior authorization:

- Authorization from the insurance plan for a scheduled service (not requiring additional clinical documentation).

Medical Necessity Review:

- Review process in which a nurse reviewer or medical director reviews the medical necessity for a scheduled procedure.
- Information must be faxed with the request and clinical documentation.
- Medical necessity review and prior authorization is required for some services, please check JPAL for prior authorization requirements before rendering services.

Referral & Prior Authorization Referrals

- Do not need to be sent to the plan
- Can be sent directly to the specialist
- Include the referring primary care provider's NPI on the script/referral that is sent to the specialist.
- Specialist will enter the referring primary care provider's NPI number in box 17b of the CMS 1500 form
- Referring primary care provider is also required to be noted in box 78/79 on the UB-04 form for outpatient hospital services that do not require an authorization.

For more information see TRICARE Manual, Chapter 1, Section 7.1.

Johns Hopkins USFHP

Other Important Information

Quality Improvement: Healthy People 2030

- Healthy People 2030 sets data-driven national objectives to improve health and well-being over the next decade.
- Healthy People 2030 includes a wide range of objectives developed by workgroups made up of subject matter experts in specific topics.
- Most Healthy People 2030 objectives are core, or measurable, objectives that are associated with targets for the decade. Core objectives reflect high-priority public health issues and are associated with evidence-based interventions.
- Core objectives have valid, reliable, nationally representative data, including baseline data from no earlier than 2015. If applicable, they have a measure of variability. Data will be provided for core objectives for at least three time periods throughout the decade.
- For more information about Leading Healthy Indicators (LHI) for Healthy People 2030, visit Healthy People 2030 | health.gov.

Network Access Standards

- Johns Hopkins Health Plans comply with TRICARE guidelines designed to help make sure our plans and providers can give members access to care in a timely manner. These TRICARE guidelines require us to ensure members are offered appointments within the following times:

Service	**Appointment wait time (not more than):**
Health Assessment	Four (4) weeks
Routine	One (1) week
Urgent	Twenty-four (24) hours
Office Wait Time	Thirty (30) minutes
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	Forty-eight (48) hours
Behavioral Health Emergency	Six (6) hours

Network Access Standards: Specialty Care Appointments

- Access determined by PCP based on nature of care required
- Wait time no longer than four (4) weeks
- Travel time no longer than one hour or 60 miles

Updating Your Information

Provider groups with delegated credentialing are required to submit provider updates via the delegated roster at least 30 days in advance. Non-delegated providers: if there are any demographic changes in your practice or facility, you are **required** to notify Johns Hopkins Health Plans at least 30 days in advance:

- Submit digitally via the Online Digital Provider Information Update Form.
- Email to ProviderChanges@jhhp,org. This email box is monitored daily to collect and process all provider changes. Please fill out the Provider Information Update Form (located on www.HopkinsHealthPlans.org, under "For Providers" and then under the Forms section of the "Resources and Guidelines" page) and attach it to the email before sending to Johns Hopkins Health Plans.
- Information on both forms includes changes to telephone numbers, address, suite number and email or fax numbers.
- **Note:** If you are using a Social Security Number in place of a Tax ID, the completed update form must be faxed to 410-762-5302 to ensure identity protection. Do not send digitally or by email.
- Any questions about the provider changes reporting process may be directed to Provider Relations at 888-895-4998.

Credentialing Information

- All providers and facility/hospitals that are required to be credentialed must remain in full compliance with Johns Hopkins Health Plans credentialing criteria as set forth in the Johns Hopkins Health Plans credentialing policies and procedures and with all applicable federal, state, and local laws and regulations. Each provider or facility/hospital must complete an appropriate application as an applicant for initial participation and, minimally, every three years thereafter (re-credentialing event) for as long as the provider or facility/hospital remains an active participant in the Johns Hopkins Health Plans provider networks.
- To request credentialing for new providers, complete the provider information update form and send to ProviderChanges@jhhp.org.
- To obtain the credentialing status, send your request to Credentialing@jhhp.org.

Healthcare Effectiveness Data and Information Set (HEDIS®)

- HEDIS is a widely used set of health care performance measures that is developed and maintained by the National Committee for Quality Assurance (NCQA). Examples of HEDIS measures are Comprehensive Diabetes Care, Breast Cancer Screening, Controlling Blood Pressure, and Colorectal Cancer Screening.

- For detailed information about HEDIS, please go to the NCQA website or view our Quality Measures Tip Sheet.

Patient Safety Program

- USFHP providers are encouraged to participate in plan-sponsored patient safety programs. The plan encourages optimizing patient outcomes and communication through the implementation of a patient safety program that will provide an evidence-based approach utilizing information, people, and resources to achieve the best clinical quality outcomes and the prevention of medical errors and patient harm.
- The DoD currently uses a comprehensive set of evidence based and field-tested tools and strategies called Team Strategies and Tools to enhance Performance and Patient Safety (TeamSTEPPS™) that are applicable to any health care setting.

Important Contact Information

- **Medical Management**
  410-424-4480 or
  800-261-2421
  410-424-4603 Fax
- **Inpatient**
  410-424-4894
  or 410-424-2602 Fax
- **Outpatient Medical Review**
  410-424-2603 Fax
- **DME** 410-762-5250
- **Superior Vision** 800-507-3800
- **Behavioral Health Services**
  410-424-4845
  410-424-4839 Fax
- **Provider Relations**
  Customer Service
  888-895-4998 (option 4)

2024 COVID-19 Information

- USFHP will pay for the COVID-19 vaccine and its administration (including approved booster doses), without cost sharing, for members enrolled in their plans.
- For the most current information on COVID-19-related services, codes, policies and reimbursement schedules, please visit Johns Hopkins Health Plans COVID-19 information pages at https://www.hopkinsmedicine.org/johns-hopkins-health-plans/providers-physicians/covid-19

Fraud, Waste and Abuse

- Johns Hopkins Health Plans Payment Integrity department wants to inform you of our information processes for reporting Fraud, Waste, and Abuse.
- **Complaints of possible Fraud, Waste, and Abuse can be reported to the Johns Hopkins Health Plans Payment Integrity Department - Fraud ,Waste, and Abuse.**
- **By Mail:** Payment Integrity Department

  Attention: FWA

  7231 Parkway Drive, Suite 100

  Hanover, MD 21076
- **Phone:** 410-424-4971
- **Fax:** 410-424-2708
- **Email:** FWA@jhhp.org

Provider Relations: 888-895-4998 (option 4)

THANK YOU