

US Family Health Plan (USFHP)



Quick Reference Guide


To obtain the most up-to-date information on policies, manuals, directories and other information, providers should review the website on a regular basis: HopkinsHealthPlans.org.

Overview & Important Information

- US Family Health Plan (USFHP) is a health care choice for eligible beneficiaries under the Department of Defense's TRICARE Prime® program.
- Health care is provided to active duty family members, activated National Guard and Reserve family members, and retirees and their family members, including certain "grandfathered" beneficiaries who are age 65 and older.
- For members who have coverage under both USFHP and Medicare:
 - Medicare cannot be billed for services that are covered by USFHP
 - Members filing Medicare claims or members that have claims filed on their behalf are in violation of the conditions of participation for USFHP and are subject to disenrollment
 - Members 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

Member ID Card

	US Family Health Plan A TRICARE® Prime Designated Provider
Member Name JOHNNY TESTCASE	Effective Date: 1/1/2020
Member ID: 123456789012	PCP Copay: 15
PCM: DR BOB ROBERTS	Specialist Copay: 25
PCM Phone #: (301) 824-3343	ER Copay: 20
PCN:	www.hopkinsusfhp.org
Grp: E00015/001	
BIN:	

US Family Health Plan MEMBER INFORMATION	
EMERGENCY CARE: If you are experiencing a life-threatening emergency, call 911 or proceed to the nearest emergency room. You must notify your primary care manager within 24 hours of an emergency room visit and any follow up care must be pre-approved. If you are unsure if your condition is life-threatening, call your Primary Care Manager first.	
AFTER-HOURS CARE: Contact your primary care provider's after hours service. For nurse advice and answers to your health questions 24 hours a day, contact our Nurseline: 1-844-344-4218	
BEHAVIORAL HEALTH SERVICES: 1-888-281-3186	
BENEFITS: For information, call Customer Service at 410-424-4528 or 1-800-808-7347	
HOSPITAL PROVIDER INFORMATION Call the plan five days prior to an elective admission or outpatient procedure to obtain authorization. If the patient holds other commercial health insurance, bill that carrier as primary. DO NOT BILL MEDICARE except for ESRD and services not covered by the US Family Health Plan. For Claims Submission only: P.O. Box 830479 Birmingham, AL 35283-0479	

Important Phone Numbers

Medical Management

410-424-4480

800-261-2421

410-424-4603 Fax

(Referrals not needing Medical Review)

Inpatient Medical Review

410-424-2602 Fax

Outpatient Medical Review

410-424-2603 Fax

DME

410-762-5250 Fax

Behavioral Health

410-424-4839 Fax

Case/Disease Management

800-557-6916

populationhealth@jhhp.org

Customer Service

(Claims, benefits and eligibility)

410-424-4528

800-808-7347

Pharmacy Services

888-819-1043, option 4

410-424-4037 Fax



JOHNS HOPKINS
HEALTH PLANS

Payment Dispute & Clinical Appeals Submission

Claims Address

Please complete the [Payment Disputes Form](#) and fax 410-424-2800 or mail to:

US Family Health Plan/TRICARE
Attn: Claims Department
P.O. Box 830479
Birmingham, AL 3528

Appeals Address

Please complete the [Participating Provider Appeal Submission Form](#) and fax 410-762-5304 or mail to:

Johns Hopkins Health Plans
Attn: Appeals Department
7231 Parkway Dr, Ste.100 Hanover, MD 21076

- Claims must be submitted on CMS 1500 or UB-04 forms.
- Claims from specialist or ancillary providers should include the referring provider's NPI in Box 17b of the CMS 1500 Form.
- Claims must be submitted with a rendering provider's NPI in Box 24J of CMS 1500.
- Referring 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.
- Claims must be submitted within 180 calendar days of the date of service.

For additional information on EDI (Electronic Data Interchange), please send an email request to edi@jhhp.org. EDI Payor ID #52123. Or call Change Healthcare at 866-506-2830.

Referral & Prior Authorization Process

Referrals

Referrals do not need to be sent to the health plan. The referral can be sent directly to the specialist, who will enter the referring providers' NPI number in Box 17b of the CMS 1500 Form.

The referring provider is also required to be noted on box 78/79 on the UB-04 form for outpatient hospital services that do not require an authorization.

Please include the referring provider's NPI on the script/referral that is sent to the specialist.

Prior Authorization

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

Medical Review

Review process in which a nurse reviewer or medical director reviews the medical necessity for a procedure scheduled. Information must be faxed with request and clinical documentation.

Preventive Care Visit Benefit

USFHP members are allowed one preventative visit/annual exam per calendar year. Members do not have to wait 366 days from their last preventative visit/annual exam.

Please refer to the Johns Hopkins Prior Authorization Lookup tool (JPAL), located in the [HealthLINK](#) portal, to check and verify prior authorization requirements for outpatient services and procedures.

HealthLINK@Hopkins

HealthLINK@Hopkins is a secure, online web portal where providers can check patient eligibility, claims and authorizations status, access plan-specific reports and more.

Register for a HealthLINK@Hopkins account at HopkinsHealthPlans.org or contact your Network Manager. First time users must register for an account. If you need assistance with registration, contact Provider Relations at 888-895-4998.