## **US Family Health Plan (USFHP)**

## **Quick Reference Guide**

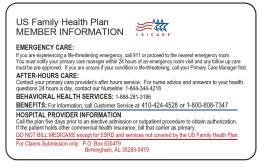
To obtain the most up-to-date information on policies, manuals, directories and other information, providers should review the website on a regular basis: HopkinsHealthPlans.org.

## **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**





### **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



# Payment Dispute & Clinical Appeals Submission

#### Claims Address

Please complete the <u>Payment Disputes Form</u> 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 <u>Participating Provider Appeal</u> <u>Submission Form</u> 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 <u>HealthLINK</u> 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.

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