

PROVIDER pulse

Johns Hopkins HealthCare Provider Newsletter

SUMMER 2019



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JOHNS HOPKINS
MEDICINE

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HEALTHCARE

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

// INTRODUCTION

"Summertime is always the best of what might be."—Charles Bowden

There are endless things to savor about summer—fresh fruits and vegetables, sand between your toes, lazy days at the pool or sitting on the porch with a good book.

At JHHC, we are settling into our new corporate headquarters in Hanover, MD. We encourage you to check out our new corporate digs at our upcoming Provider Education Summit on Oct. 2, 2019 from 8:30 a.m. to 1 p.m. at our onsite Conference Center. Join us for an interesting and fast-paced morning of noted speakers and presentations focused on Johns Hopkins Advantage MD and the performance measures and incentives associated with this health care plan.

The article below has more details about the summit and how to register. We hope you can attend.

Partnerships with providers like you play an indispensable role in JHHC's commitment to high quality, accessible medical services that improve the overall health of our members. We thank you for all you do every day on behalf of our members.

—*Editor*, Provider Pulse

// EVENTS

Save the Date: October 2, 2019

JHHC's Provider Relations department is hosting a Provider Education Seminar on Wednesday, October 2, 2019 from 8:30 a.m. to 1 p.m.

Practice Administrators, Billing and Coding Staff, and Lead Physicians are welcome to our new corporate headquarters in Hanover, Md., for an informative and dynamic morning of speakers and discussions centering on Johns Hopkins Advantage MD and its associated performance measures and incentives.

The keynote speaker will be Dr. Peter Greene, Chief Information Officer, Johns Hopkins Medicine.

Other speaker sessions include:

- Overview of Advantage MD benefits and changes for 2020
- Stars and CAHPs--what these performance measures mean to you and your patients
- PCMH--best practices and lessons learned
- JHHC's Care Management program

The seminar registration begins at 8:30 a.m. (light breakfast will be served) and a working lunch starts at 12:30 p.m. Ample free parking is available at our new corporate headquarters:

JHHC-Conference Center
7231 Parkway Drive, Suite 100
Hanover, MD 21076

Space is limited! Call 888-895-4998 or email: seminars@jhhc.com by September 6.

// BENEFITS AND PLAN CHANGES

Dialysis Benefit Change for EHP Members Employed at Anne Arundel Medical Center (AAMC)

Outpatient dialysis claims beyond the maximum 40 visits are now being sent to the new vendor, Dialysis PPO. This benefit change went into effect July 1, 2019, and applies to AAMC employees enrolled in all three plans with Johns Hopkins Employer Health Programs (EHP).

After the 40 visits are exhausted, EHP will deny the entire claim. Any dialysis claims beyond 40 visits should be sent to:

American Administrators
5 Great Valley Parkway, Suite 210
Malvern, PA 19355
Phone: (610) 590- 5029

The codes below apply to the first 40 outpatient dialysis visits. If any of these codes are submitted, it counts as a visit:

- 90935
- 90937
- 90945
- 90999

NOTE: These codes will be billed for POS 65 only.

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

Outpatient Referral and Preauthorization Guidelines Update

The Outpatient Referral and Preauthorization Guidelines outline the referral and preauthorization requirements for many outpatient services for our Johns Hopkins Advantage MD, Johns Hopkins Employer Health Programs (EHP), Priority Partners and Johns Hopkins US Family Health Plan (USFHP) members. These guidelines are updated every quarter and posted to the JHHC website.

To ensure that the most-up-to-date referral and preauthorization guidelines for outpatient services are being followed, visit www.jhhc.com > For Providers > [Resources and Guidelines](#).

Below is a summary of the changes to the Outpatient Referral and Preauthorization Guidelines that went into effect **July 1, 2019**:

Priority Partners:

- Preauthorization required for Diabetic Education (HCPCS Codes G0108 and G0109)
- Preauthorization required for Nutritional Counseling from the 1st visit
- No preauthorization required for Autologous Chondrocyte Implantation (knee)
- No preauthorization required for Varicose Vein Ligation

USFHP:

- No preauthorization required for Autologous Chondrocyte Implantation (knee)
- No preauthorization required for Varicose Vein Ligation

Johns Hopkins EHP:

- No preauthorization required for Autologous Chondrocyte Implantation (knee)
- No preauthorization required for Varicose Vein Ligation
- Anne Arundel Medical Center (AAMC)—No preauthorization required for the following:
 - » CT: Abdomen, Chest, Pelvis, Sinus Cavity
 - » MRI: Brain, Lower Extremity

Johns Hopkins Advantage MD:

- No changes this quarter

Change to Chiropractic Services Age Limits for Priority Partners Members

JHHC would like to remind providers in our Priority Partners network that COMAR regulations only cover chiropractic services for members ages 6 to 20. This regulation went into effect Jan. 2, 2019.

- **Preauthorization is not required** for chiropractic services for Priority Partners members ages 6 to 20 years enrolled in the EPSDT program.
- Chiropractic services are **not covered for Priority Partners members less than 6 years of age**. For this age group, these services are considered experimental and investigational, as they do not meet technology evaluation criteria.
- **Priority Partners members over 20 years of age are not covered** for chiropractic services unless they are enrolled in the REM program.
- The applicable CPT codes are listed in the [Chiropractic Medical Policy](#).

A complete listing of JHHC's medical policies can be found at: www.jhhc.com > For Providers > [Policies](#).

// POLICIES AND PROCEDURES

New Psychological Testing Forms for EHP and USFHP

New forms to [Request Medical Appropriateness Determination for Psychological Testing](#) have been uploaded to the JHHC website and are available for you to use. These forms apply to Johns Hopkins Employer Health Programs (EHP) and Johns Hopkins US Family Health Plans (USFHP) providers only. To access the forms, go to www.jhhc.com and click "[Download Forms](#)."

// QUALITY CARE

New Class May Help Advantage MD Members Avoid Falls

Falls are the number one cause of injury-related deaths in older adults. To help combat this, Advantage MD now offers a new two-hour workshop to show members how to prevent falls and why this is important.

“Wise Steps to Prevent Falls” covers the importance of medication management, annual exams, and proper sleep to reduce the risk of falling, and teaches members how to identify fall hazards in their homes. The class also offers tips for caregivers.

Please recommend that your patients who are vulnerable to falls visit hopkinsmedicare.com/members/health-education for more information about the workshop and the upcoming class schedule. They can call 800-957-9760 to sign up.

HEDIS®: 4 Measures You Need to Know

Healthcare Effectiveness Data and Information Set (HEDIS®) is a widely used set of health care performance measures that is developed and maintained by the National Committee for Quality Assurance (NCQA). JHHC reports on approximately 22 to 30 measures/sub-measures, which may vary from year to year and between health plans.

Take a moment to familiarize yourself with the four HEDIS measures detailed in this article, and help JHHC close gaps in care and deliver better quality care to our members.

Spirometry (and Medications) for COPD Patients:

To meet this measure, the following conditions must be met through claims data:

1. Your patients (40 years of age and older) received spirometry testing to confirm a diagnosis of COPD either 2 years prior to or 6 months after an outpatient, ED or acute inpatient visit with a diagnosis of COPD.
2. If your patient's condition exacerbates and the patient goes to the ED, they should be prescribed appropriate medications, including a systemic corticosteroid (dispensed within 14 days) and/or a bronchodilator (dispensed within 30 days).

Adult BMI Assessment (ABA)

The HEDIS measure for adult BMI is defined as members 18-74 years of age who had an outpatient visit and whose body mass index (BMI) was documented during the measurement year or the year prior.

- Member must 18 years old as of January 1 of the year prior to the measurement year.
- Member must be 74 years old as of December 31 of the measurement year.

- » For members 18 and 19 years of age on date of service: height, weight and BMI percentile must be documented from the same date of service.
- » For members 20 years and older on date of service: Weight and BMI must be from same date of service.

A well or sick visit is allowed, but an ER visit is considered outpatient. A notation of only weight or only BMI is unacceptable, as is documentation of weight and BMI only for 18 and 19 year old members.

BMI percentiles are as follows:

- BMI percentile documented as a value (e.g., 85th percentile)
- BMI percentile plotted on an age-growth chart
- The only ranges and thresholds acceptable are <1% and >99%.

Codes:

- Z codes
 - » **BMI:** Z68.1 thru 68.45
 - » **BMI Percentile:** Z68.51 thru 68.54
- Outpatient Visit Codes Include:
 - » **CPT:** 99201-99205,99211-99215,99241-99245,99341-99345,99347-99350,99381-99387,00301-99397,99401-99404,99411-99412,99429,99455-99456
 - » **HCPCS:** G0402,G0438,G0439,G0463
 - » **UBREV:** 0510 – 0517 (Outpatient Clinics), 0519–0523,0526–0529,0982-0983

Exclusions:

- Optional:
 - » Pregnancy
 - » Females who had a pregnancy in the measurement year or the year prior and **has no BMI in the medical record**
- Required:
 - » the member is in hospice care

Controlling Blood Pressure

The HEDIS measure for controlling blood pressure is defined as:

- Members 18-85 years of age with a diagnosis of hypertension
- BP must be adequately controlled- **MUST BE LESS THAN 140/90** (equal to does not count)
- Last BP in the measurement year

Ways you can help with the blood pressure measure:

- Is your office following best practices for obtaining a blood pressure? Review your office procedure and policies.
- If BP is equal to or greater than 140/90:
 - » Recheck in office prior to member leaving.
 - » Ensure member return for at least a blood pressure check and/or follow up appointment.
 - » Is member compliant with the plan of care?
 - » Consider referring member to the Care Management department at JHHC.

Diabetic Eye Exam

The HEDIS measure for the diabetic eye exam is defined as:

- Members 18-75 years of age with type I or type II diabetes
- A bilateral retinal or dilated exam by an optometrist or ophthalmologist

- A negative exam in the year prior to the measurement year is acceptable. If member has retinopathy, an exam in the measurement year is required.

How providers can help improve the measure:

- Document and sign in medical record when a retinal or dilated eye exam was performed, date of service, and retinal status.
- Document in the medical record the name/location of the provider who the patient saw for their eye exam.
- Obtain a copy of the exam.
- Encourage members to complete care.

With these and other HEDIS measures, don't forget that JHHC's care managers are ready to assist our members and we encourage you to submit referrals. If you have questions about the HEDIS measures, please contact your provider representative.

// PHARMACY

Clarification of Site of Service Preauthorization Requirements for Infusion Services

JHHC would like to further clarify the requirements for infusion services received by Johns Hopkins US Family Health Plan (USFHP) and Priority Partners members. Preauthorization is required for infusion services performed in regulated space or outpatient hospital settings.

Outpatient Hospital Setting (Place of Service 22)

Members 18 and older require a prior authorization for all specialty services/CPT codes listed below when provided in an outpatient hospital setting.

NOTE: Codes are subject to change in compliance with state and federal guidelines.

Infusion Services Codes

For USFHP only:

90378*	J0586*	J0588*	J3380**	J1745**	J1602**
J0585*	J0587*	J3262**	J0129**	J9312**	J3358**

*NOTE: These HCPCS codes require medical necessity authorization only.

**NOTE: These HCPCS codes require site of care prior authorization only.

Infusion Services Codes

For Priority Partners only:

90378**	J0587**	J1555**	J1575**	J2357*	J7318**	J7327**	J9355*	Q5111*
J0129**	J0588**	J1557**	J1599**	J2505*	J7320**	J7328**	Q2041*	
J0178*	J0717**	J1559**	J1602**	J2778*	J7321**	J7329**	Q2042*	
J0202**	J0897**	J1561**	J1628**	J3245**	J7322**	J9035*	Q5103**	
J0490**	J1156**	J1566**	J1745**	J3262**	J7323**	J9299*	Q5104**	
J0517*	J1157**	J1568**	J2182*	J3358**	J7324**	J9305*	Q5107*	
J0585**	J1159**	J1569**	J2323**	J3380**	J7325**	J9311**	Q5108*	
J0586**	J1459**	J1572**	J2350**	J3398*	J7326**	J9312**	Q5109**	

*NOTE: These HCPCS codes require medical necessity authorization only.

**NOTE: These HCPCS codes require medical necessity AND site of care prior authorization.

Preauthorization Process

Prior authorization requests must be submitted to our Utilization Management department (UM) **only** via the fax numbers listed below:

Priority Partners: **410-762-5205** or **410-424-4603**

USFHP: **410-762-5205** or **410-424-4603**

If you have any questions, please contact Provider Relations at 888-895-4998.

Pharmacy Formulary Update

A variety of pharmacy information and resources are available to you on the JHHC, Priority Partners, EHP, USFHP and Advantage MD websites. 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.

Bookmark these websites for additional information on pharmacy formularies and updates for each plan:

- **Johns Hopkins Employer Health Programs (EHP)** Jhhc.com > For Providers > Our Health Plans > EHP > [Pharmacy and Formulary](#)
- **Priority Partners**
Jhhc.com > For Providers > Our Health Plans > Priority Partners > [Pharmacy and Formulary](#)
- **Johns Hopkins US Family Health Plan (USFHP)**
Jhhc.com > For Providers > Our Health Plans > US Family Health Plan > [Pharmacy and Formulary](#)
- **Johns Hopkins Advantage MD**
Jhhc.com > For Providers > Our Health Plans > Advantage MD > [Pharmacy and Formulary](#)

You can also contact the JHHC Pharmacy Department at **888-819-1043** for questions or concerns for Advantage MD, EHP, and USFHP. Call **877-293-5325** (option 2) for questions or concerns for Advantage MD.

// REMINDERS

Correct Address for Advantage MD Claims and Payment Disputes

JHHC has moved to new corporate headquarters, but the address for sending claims and payment disputes to Advantage MD remains the same.

Just a reminder, the Advantage MD claims and payment disputes address is:

Advantage MD
P.O. Box 3507
Scranton, PA 18505

Redesigned HealthLINK Home Page Offers Streamlined Access to Information

As part of JHHC's continuing efforts to simplify processes and make our provider resources more user friendly, we have redesigned the home page of HealthLINK. You now can quickly find the information you seek from a HealthLINK home page that more closely mirrors the design of JHHC's public-facing websites.

The redesigned HealthLINK retains all of the functionality that was there before.

There are no changes to the navigation, processes, and tools you routinely access in HealthLINK. Provider information remains the same. You will follow the same steps and procedures as you did before to file claims and check eligibility, referrals and authorizations.

What are the changes?

- The login screen now has the logo for Johns Hopkins HealthCare when logging into the portal for EHP, Priority Partners or Advantage MD members at <https://jhhc.healthtrioconnect.com>. The login screen for USFHP members will have the USFHP logo when logging into the portal at <https://usfhp.healthtrioconnect.com>.
- The colors, fonts and graphics of the site have been updated.

- The front page now features several widgets to guide you to the tools you use the most:
 - » Check member eligibility
 - » Submit and check claims
 - » Check referrals and authorizations
 - » Download documents
 - » Review status changes

If you have any questions about HealthLINK or the redesign, please call Provider Relations at **888-895-4998**.

Annual Provider Satisfaction Survey

Our providers are the backbone of the health care system, and JHHC is committed to giving you excellent service. Open communication and feedback between providers, members, and our health plans is integral to JHHC's work to continue to improve our services. Your satisfaction with our services is an important indicator of our success.

The annual Provider Satisfaction Survey is now underway for Johns Hopkins Employer Health Programs (EHP) and Johns Hopkins US Family Health Plan (USFHP). For both of these health plans, the survey asks you to compare it to other plans and to rate your satisfaction with Finance (claims), Utilization (referrals and authorizations), Coordination of Care, Pharmacy, Provider Relations, and the plan overall.

Our goal is to improve our service to you. Your feedback helps us continue to identify areas of improvement and best practices for supporting our provider network in the future. Your survey answers also support our goal to exceed our customers' expectations.

Required Cultural Competency Training for Priority Partners Providers

JHHC's Cultural Competency Training is a free, online educational program designed for physicians, physician assistants, nurse practitioners and office staff. It aims to build the awareness, knowledge, and skills to better treat an increasingly diverse U.S. patient population. This training is required for Priority Partners providers.

The mandatory training is in **HealthLINK**. You need a HealthLINK account to access the Cultural Competency Training. If you have not yet registered, please ask your office manager to help you create an account.

USFHP Financial Responsibility Form

A friendly reminder: USFHP members must read and sign the [Acknowledgement and Financial Responsibility Statement](#). The member will be given a copy to keep and the provider will retain a copy of the form in the member's file. The form can be found on the Communications Repository page of the [jhhc.com](#) website in the [Forms](#) section.

Peer-to-Peer Process for Denial Determinations

- For EHP, Priority Partners and USFHP clinical and pharmacy denials, a Peer-to-Peer reconsideration is offered to the requesting provider to discuss the denial with the medical director or the clinical pharmacist rendering the decision.
- For Advantage MD, there is no overturning the denial during the Peer-to-Peer discussion, per CMS guidelines.
- A quick rundown of the Peer-to-Peer process can be found here: www.hopkinsmedicine.org/johns_hopkins_healthcare/archived_files/updated_files/peer_to_peer_denial_determinations.pdf.

To request a Peer-to-Peer reconsideration, you should call 888-401-3592 within three (3) business days of notification from JHHC.

Network Access Standards

JHCC 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 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 (EHP)

Service	Appointment wait time (not more than):
History & 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

Johns Hopkins US Family Health Plan

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

Johns Hopkins 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
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
Office Wait Time	Thirty (30) minutes

Important notice:

Please distribute this information to your billing departments.

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