

PROVIDER pulse

Johns Hopkins HealthCare Provider Newsletter

SUMMER 2021



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JOHNS HOPKINS
MEDICINE

JOHNS HOPKINS
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

“To plant a garden is to believe in tomorrow.”

—Audrey Hepburn

Summertime is in full ripeness, with backyards and parklands bursting with color and lushness and farmer’s markets and kitchen gardens overflowing with jewel-toned vegetables and fruits.

JHHC believes in tomorrow and we’re spending the warm weather months planting new initiatives and programs to maximize our growth in the marketplace. We’re also tending to our existing processes and procedures, ensuring that they are streamlined, efficient and provider-friendly.

For example, the HEDIS® Quality Tip Sheet has gone digital and is now available on our website (jhhc.com), a move designed to make this important information more accessible and interactive for our providers.

In this issue, we highlight our new partnership with CVS-NovoLogix, which features a simplified process for obtaining prior authorizations for doctor-administered, medical injectable drugs. There are also updates on medical codes, site-of-service requirements and other corporate initiatives.

Thank you for all you do in collaboration with JHHC. We are privileged to have your expertise, energy, and dedication to providing high-quality health care to our members.

—*Editor*, Provider Pulse

// POLICIES AND PROCEDURES

Advance Directives Policies for Advantage MD and Priority Partners

The Federal Patient Self-Determination Act (FPSDA) ensures patients’ right to participate in health care decision-making, including decisions about withholding resuscitative services, and declining or withdrawing life-sustaining treatment.

For Advantage MD:

In accordance with guidelines established by CMS, and our own policies and procedures, Advantage MD requires all participating providers to have a process in place pursuant to the intent of the (FPSDA).

- The member may inform all providers contracted directly or indirectly with Advantage MD that the member has executed, changed, or revoked an advance directive. At the time a service is provided, the provider should ask the member to provide a copy of the advance directive to be included in his or her medical record.
- If the primary care provider or treating provider cannot, as a matter of conscience, fulfill the member’s written advance directive, he or she must advise the member and Advantage MD. Advantage MD and the PCP and/or treating provider will arrange for a transfer of care. Participating providers may not condition the provision of care or otherwise discriminate against an individual based on whether the individual has executed an advance directive. However, nothing in The FPSDA precludes the right, under state law of a provider, to refuse to comply with an advance directive, as a matter of conscience.
- To make sure that providers maintain the required processes regarding advance directives, Advantage MD conducts periodic patient medical record reviews to confirm that the required documentation exists.
- If a member requests additional information, please refer them to hopkinsmedicare.com or Customer Service:
 - » Advantage MD PPO, PPO Plus & Group – 877-293-5325
 - » Advantage MD HMO – 877-293-4998

For Priority Partners:

Priority Partners providers are required to comply with federal and state law regarding advance directives for adult members. Maryland advance directives include Living Will, Health Care

Power of Attorney, and Mental Health. Treatment Declaration Preferences are written instructions relating to the provision of health care when the individual is incapacitated. The advance directive must be prominently displayed in the adult member's medical record. Requirements include:

- Providing written information to adult members regarding each individual's rights under Maryland law to make decisions regarding medical care
- Providing written information to adult members of provider-written policies concerning advance
- directives that include the provider's rights concerning conscientious objections
- Documenting in the member's medical record, whether or not the adult member has been provided the information and whether an advance directive has been executed
- Not discriminating against a member because of his or her decision to execute or not execute an advance directive and not making it a condition for the provision of care
- Educating staff on issues related to advance directives, as well as communicating the member's wishes to attending staff at hospitals or other facilities
- Educate patients on advance directives (durable power of attorney and living wills)

Advance directive forms, a guide to Maryland law, and frequently asked questions can be found at: www.marylandattorneygeneral.gov/Pages/HealthPolicy/advancedirectives.aspx.

Emergency Reimbursement Policy for COVID-19 Diagnostic Testing, Treatment and Vaccination

In order for all JHHC members to have equal provider access and experience, JHHC implemented an emergency reimbursement policy to pay fixed rates for all COVID-19 diagnostic testing, treatment, and vaccination codes, for participating and nonparticipating network providers, in alignment with state and federal regulatory guidelines.

This policy pertains to Johns Hopkins Advantage MD, Johns Hopkins Employer Health Programs (EHP), Priority Partners (PPMCO), and Johns Hopkins US Family Health Plan (USFHP). It is applicable for dates of service on and after April 5, 2021 and consistent with the code effective date noted on the applicable fee schedule chart. The policy expires at the end of the Public Health Emergency (PHE).

The COVID Testing, Treatment and Vaccination Reimbursement Policy and detailed list of PHE COVID-19

codes pertaining to reimbursement for testing, treatment and vaccination can be viewed at the [Policies](#) section of JHHC's provider website. Click on "[Reimbursement Policies](#)" and scroll down to "COVID Testing, Treatment and Vaccination Policy" and "PHE COVID-19 Codes." The PHE COVID-19 code charts are also listed on the JHHC's [Coronavirus \(COVID-19\) Updates](#) page.

Please visit the [Coronavirus \(COVID-19\) Updates](#) page on JHHC's provider website for information and updates related to the pandemic.

Medical Policy Updates Effective August 2, 2021

The JHHC Medical Policy Advisory Committee (MPAC) has approved changes and additions to our medical policies. These changes go into effect August 2, 2021.

Changes and additions this quarter include:

- CMS01.02—Airway Clearance Devices
- CMS02.16—Treatment of the Cornea
- CMS02.17—Brachytherapy
- CMS03.01—Clinical Trials
- CMS03.12—Cosmetic & Reconstructive Surgery
- CMS04.03—Pharmacogenomics
- CMS16.02—Treatment for Skin Conditions
- CMS20.03—Gastroesophageal Reflux Disease (GERD) Devices
- CMS24.04—Cochlear Implants

To view the full descriptions of these policies, please visit the [Medical Policies](#) section of the JHHC website on or after the effective date or call Provider Relations at 888-895-4998.

New CPT Codes Requiring Preauthorization Effective August 2, 2021

Effective August 2, 2021, JHHC requires preauthorization for selected medical procedure codes for the Johns Hopkins Advantage MD, EHP, Priority Partners, and USFHP lines of business. This requirement affects members of all ages enrolled in these plans.

The [list of procedure codes requiring prior authorization](#) is provided for reference purposes only and may not be all inclusive.

The listing of a code does not imply that the service described by the code is a covered or non-covered health service.

Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws

that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other policies and guidelines may apply.

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

Preauthorization Process

Submit preauthorization requests to JHHC Utilization Management department (UM) only via the fax numbers listed below:

- **Advantage MD**—855-704-5296
- **EHP**—800-261-2421 or 410-424-4480
- **Priority Partners**—410-762-5205 or 410-424-4603
- **USFHP**—410-424-2603 or 410-424-2603

JHHC Reimbursement Policy Update: Physician Assistant

JHHC has updated the Scope and Billing Guidelines sections of the Physician Assistant reimbursement policy (RPC.011).

Updates include:

- Simplified Scope statement, stating the policy applies to “...all CPT and HCPCS codes reported on CMS-1500 or UB-04 claim forms or their electronic equivalent...”
- Addition of more specific guidance (i.e., reference to boxes on the CMS 1500 form) to the Billing Guidelines, regarding placement of the Physician Assistant and Supervising Physician’s NPIs.

To view the [JHHC Reimbursement Policies](#), please go to: [JHHC.com > For Providers > Policies > Reimbursement Policies](#).

// QUALITY CARE

Priority Partners CPT Category II Code \$10 Incentive

Priority Partners is incentivizing the use of select CPT II codes via claims submission starting with dates of service on/after July 1, 2021. The codes selected apply to the Controlling Blood Pressure (CBP) and Comprehensive Diabetes Care (CDC) HEDIS® measures. Use of these codes allows Priority Partners to better understand the health and needs of its membership throughout the year.

Comprehensive Diabetes Care, HbA1c controlled (less than 8.0%)	
CPT II Code	Description
3044F*	Most recent hemoglobin A1c (HbA1c) level less than 7.0% (DM)
3046F	Most recent hemoglobin A1c level greater than 9.0% (DM)
3051F*	Most recent hemoglobin A1c (HbA1c) level greater than or equal to 7.0% and less than 8.0% (DM)
3052F	Most recent hemoglobin A1c (HbA1c) level greater than or equal to 8.0% and less than or equal to 9.0% (DM)
Controlling High Blood Pressure (less than 140/90)	
CPT II Code	Description
3074F	Most recent systolic blood pressure less than 130 mm Hg (DM), (HTN, CKD, CAD)
3075F	Most recent systolic blood pressure 130-139 mm Hg (DM),(HTN, CKD, CAD)
3077F	Most recent systolic blood pressure greater than or equal to 140 mm Hg (HTN, CKD, CAD) (DM)
3078F	Most recent diastolic blood pressure less than 80 mm Hg (HTN, CKD, CAD) (DM)
3079F	Most recent diastolic blood pressure 80-89 mm Hg (HTN, CKD, CAD) (DM)
3080F	Most recent diastolic blood pressure greater than or equal to 90 mm Hg (HTN, CKD, CAD) (DM)

*Use of these codes also serve to close value-based purchasing gaps for the CDC measure.

Any of the codes above submitted for claims with dates of service beginning on/after July 1, 2021 for services performed by a primary care provider or specialist and completed in an outpatient setting will be incentivized \$10 above the contracted reimbursement rate. Submit the applicable code via claims with a \$10 billed amount reimbursement incentive.

If you have questions about the submission of CPT II codes please contact JHHC Provider Engagement at ProviderEngagement@jhhc.com.

Quality Measure Provider Toolkit Now Available on JHHC Website

JHHC is pleased to announce our Quality Measure Tip Sheet has evolved into a comprehensive Quality Measure Provider Toolkit accessible via our [JHHC website](#).

The resource will aid providers in ensuring their patients receive all the preventive and ongoing care they need while helping providers maximize their bonus incentive payout.

Johns Hopkins HealthCare LLC

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Quality Measure Toolkit

What is HEDIS®?

HEDIS stands for **Healthcare Effectiveness Data and Information Set**. It's a set of standard performance measures that gives information about the quality of a health plan. Patients and providers can find out about the quality of care, access, cost, and other measures to compare managed care plans. The Centers for Medicare & Medicaid Services (CMS) collects HEDIS data for Medicare plans.

How is HEDIS data collected?

Depending on the measure, data may be collected through:

- Administrative/claims data
- Supplemental files sent in by the provider during the year
- Medical record reviews
- Measure specifications outline measure description, exclusions and how the data may be collected.

View the [General Guidelines](#) and [Measure Descriptions](#) for best practice and measure tips.

HEDIS Measures

A few key components of the Quality Measure Toolkit:

- Best practices to increase gap closures
- Measure-level compliance and exclusionary criteria
- Qualifying measure-level codes from the NCQA® Value Set Directory
- And much more!

Our goal is to ensure that every member receives the highest quality of care possible, including all appropriate assessments, screenings and other services for optimal management of their conditions.

Please partner with us by taking the following steps:

- Contact your patients soon and frequently throughout 2021 to schedule appointments—consider telemedicine as an alternative to in-office visits.
- Access your member roster and gap reports each month to build your target lists for patient outreach.
- Meet with your Provider Engagement Liaison periodically to review performance data and collaborate on improvement strategies.

You can access the Quality Measure Toolkit via [Quality Measure Toolkit](#). For reporting, our Opportunity Reports (Gaps in Care) continue to be available via [HealthLINK](#).

We appreciate your service to our members, your patients, and your participation in our incentive programs. If you have any questions, please contact your Provider Engagement Liaison or email ProviderEngagement@JHHC.com.

// PHARMACY

JHHC and CVS-NovoLogix Partnership in Full Swing

As of July 15, 2021, preauthorization is now required for the medical injectable drug codes listed in the below links for Johns Hopkins EHP*, Johns Hopkins Advantage MD, and Priority Partners. The process for obtaining prior authorizations for these plans is now managed in collaboration with CVS Health–NovoLogix. Please note there are no changes for Johns Hopkins US Family Health Plan (USFHP).

*Employees of Johns Hopkins University (JHU) covered under EHP are excluded from these preauthorization requirements. The JHU group numbers are E00015, E00051, and E00151.

[List of applicable codes for Advantage MD, EHP and Priority Partners.](#)

How to Request Prior Authorization:

- **Providers may submit preauthorization requests electronically by accessing the NovoLogix portal through the JHHC HealthLINK portal.** The Novologix portal must be accessed through HealthLINK for JHHC preauthorization requests. For EHP and Advantage MD, providers may also contact NovoLogix **by phone:**
 - » **EHP:** 844-345-2803
 - » **Advantage MD:** 800-932-7013
- For Priority Partners, providers may also **fax drug-specific preauthorization forms to Priority Partners at 866-212-4756.** Drug-specific preauthorization forms can be found on the [Priority Partners website](#).

// CODING

Important COVID-19 Coding Instructions Update

On March 30, 2021, CMS announced an off-cycle update to ICD-10 codes to properly capture post COVID-19 related conditions. The following codes became effective January 1, 2021, and should be used to capture member health status:

- **J12.82** Pneumonia due to coronavirus disease 2019
- **M35.81** Multisystem inflammatory syndrome
- **M35.89** Other specified systemic involvement of connective tissue
- **Z11.52** Encounter for screening for COVID-19
- **Z20.822** Contact with and suspected exposure to COVID-19
- **Z86.16** Personal history of COVID-19

Reference: HPMS Memo dtd 30 March 2021, *Update to Risk Adjustment Processing System (RAPS) – ICD-10 Reference Data & RAPS Edit 450*

// REMINDERS

AAMC Employees No Longer Enrolled In Johns Hopkins EHP Effective July 1

Anne Arundel Medical Center (AAMC) terminated its contract for employee health care benefits with EHP on July 1, 2021. As a result, AAMC employees will no longer have coverage with EHP. AAMC as a health care facility and its providers will remain part of the JHHC participating provider network.

For questions about benefits and eligibility for AAMC

employees, please contact the Luminis Health Benefit Service Center at 855-984-5404.

EHP will continue to process claims and answer Customer Service questions until December 27, 2021, for health care services provided on dates of service **prior to July 1, 2021.**

Support Requested for Needs Assessment for Opioid Misuse Program

The Maryland Addiction Consultation Service (MACS) is conducting a needs assessment regarding opioid use. The Maryland Department of Health (MDH) is asking for your support.

We encourage Priority Partners network providers to complete and submit the needs assessment (see link below) in support of the Maternal Opioid Misuse (MOM) program. As you may be aware, the MOM model focuses on improving clinical resources and enhancing care coordination to Medicaid beneficiaries with opioid use disorder during and after their pregnancies.

The assessment will help inform MOM-oriented DATA 2000 waiver trainings and other MACS for MOMs activities.

Please download the needs assessment via the state's website: <https://j.mp/3hgo6G8>.

JHHC and Priority Partners appreciate your participation in completing this important needs assessment.

Reminder: Use ICD-10 Codes to Identify Social Determinants of Health

Understanding social determinants of health can help JHHC identify strategies to better serve our members. ICD-10 has numerous codes that can categorize non-medical factors that may influence a patient's health status. These factors include education and literacy, employment, housing, lack of adequate food or water, or occupational exposure to risk factors like dust, radiation, or toxic agents.

If you notice social determinants of health when providing services to a JHHC member, please include the applicable ICD-10 codes on claims you submit.

NOTE: These are supplemental diagnosis codes and should not be used as the admitting or principal diagnosis code to indicate the medical reason for the visit.

View all the [ICD-10 Codes pertaining to social determinants of health](#).

Reminder of Specialty Provider Responsibilities for USFHP Members

When a service is outside the scope of their practice, primary care managers (PCMs) for Johns Hopkins US Family Plan (USFHP) members must refer their patients to the appropriate service or specialist.

Responsibilities of the specialty provider include the provision of specialty services upon referral by the PCM, recommending appropriate treatment plans, and providing written reports to the referring PCM to ensure continuity of care. Consistent with commercial timeframes and in support of continuity of care for the member, JHHC requires that all consultation or referral reports, operative reports, and discharge summaries be provided to the PCM within 30 calendar days.

Specialty providers must also ensure that members are billed correctly. DO NOT bill Medicare for services covered by Johns Hopkins USFHP.

Introducing Johns Hopkins OnDemand Virtual Care for USFHP Members

JHHC now offers Johns Hopkins USFHP members a new option for accessing care after normal business hours via telemedicine: Johns Hopkins OnDemand Virtual Care (powered by Teladoc).

- The Johns Hopkins OnDemand Virtual Care service is as an online telemedicine platform for both adult and pediatric patients. OnDemand is available to members through mobile app, computer or tablet at ondemand.hopkinsmedicine.org. The service is designed for minor, urgent care concerns.
- Providers can diagnose and prescribe medications for common care concerns such as colds and flu, ear infections, sinus and respiratory problems, and more.
- The service is not for emergency medical matters. If a patient is experiencing a medical emergency, they should call 911 or go to the nearest emergency room.

USFHP members can use the service from 6 p.m. to 8 a.m. on weekdays and anytime on weekends—no appointment needed.

OnDemand Virtual Care Process

- The health care provider will join via secure video or telephonically 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 Walgreen's pharmacy of choice.
- Telemedicine providers will refer members back to their Primary Care Physician (PCP) for follow up care.

During normal office hours, USFHP members are encouraged to connect with their primary care manager. If a member sees a Johns Hopkins Community Physicians provider, they will have access to video visits during normal business hours through Johns Hopkins Medicine.

Note: Johns Hopkins EHP and Johns Hopkins Advantage MD members have had access to this service since earlier in 2021.

Network Access Standards

JHHC 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
Office Wait Time	Thirty (30) minutes

Behavioral Health (all plans)

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

For Your Reference

Provider Relations

Phone 888-895-4998
410-762-5385
Fax 410-424-4604
Monday through Friday, 8 a.m. to 5 p.m.

Provider Demographic Changes and Updates:

If there are any changes in your practice or facility, you are **required** to notify the JHHC Provider Relations department by email at ProviderChanges@jhhc.com.

Care Management Referrals

caremanagement@jhhc.com or 800-557-6916

DME (Durable Medical Equipment)

Fax 410-762-5250

HealthLINK@Hopkins

hopkinsmedicine.org/johns_hopkins_healthcare/providers_physicians/healthlink

NOTE: First time users must register for an account. If you need assistance with registration, please contact Provider Relations at 888-895-4998.

JHHC Corporate Compliance

410-424-4996
Fax 410-762-1527
compliance@jhhc.com

Fraud Waste & Abuse

FWA@jhhc.com

Preauthorization Guidelines

hopkinsmedicine.org/johns_hopkins_healthcare/providers_physicians/resources_guidelines

Utilization/Care Management

410-424-4480
800-261-2421
Fax 410-424-4603 (Referral not needing medical review)

- **Inpatient**
Fax 410-424-4894
- **Outpatient medical review**
Fax 410-762-5205

Advantage MD

Websites

Providers: jhhc.com
Members: hopkinsmedicare.com

Customer Service (Provider): Eligibility, Claims Status or Provider Payment Dispute

- **PPO Products**
Phone 877-293-5325
Fax 855-206-9203
TTY 711
- **HMO Products**
Phone 877-293-4998
Fax 855-206-9203
TTY 711

Dental Services

Dentaquest at: 844-231-8318

Medical Claims Submission

Johns Hopkins Advantage MD
P.O. Box 3537
Scranton, PA 18505

Medical Payment Disputes

Johns Hopkins Advantage MD
P.O. Box 3537
Scranton, PA 18505

Pharmacy Services

877-293-5325

Preauthorization

Medical Management: 855-704-5296
Behavioral Health: 844-363-6772

Silver & Fit

(Plus and Group Members Only)
877-293-5325

TruHearing

(Plus and Group Members Only)
877-293-5325

Vision Services

Superior Vision at: 800-879-6901

EHP

Websites

Members: ehp.org
Providers: hopkinsmedicine.org

Customer Service (Provider)

800-261-2393
410-424-4450
-Suburban Hospital Customer Service
866-276-7889

Care Management

800-261-2421
410-424-4480
Fax 410-424-4890

*Dental – United Concordia Companies, Inc.

866-851-7576

*Health Coaching Services

800-957-9760
healthcoach@jhhc.com

Health Education

800-957-9760

Medical Appeals Submission

Attn: Appeals Department
7231 Parkway Drive, Suite 100
Hanover, MD 21076
Fax 410-762-5304

Medical Claims Submission

Attn: Adjustments Department
7231 Parkway Drive, Suite 100
Hanover, MD 21076
Fax 410-424-2800

Mental Health and Substance

Abuse Services

800-261-2429
410-424-4476

National Provider Network/MultiPlan

866-980-7427

*Pharmacy (Mail Order Only)

888-543-4921

Pharmacy Provider Prior Authorization for Medical Necessity

(fax numbers may vary): refer to provider website hopkinsmedicine.org/johns_hopkins_healthcare/providers_physicians/our_plans/ehp/index.html

Utilization Management

800-261-2421
410-424-4480

**Not applicable to all EHP members. Consult specific schedule of benefits.*

Priority Partners

Websites

Members: ppmco.org
Providers: jhhc.com
800-654-9728

Customer Service (Provider)

800-654-9728

Dental (Scion)

855-934-9812

HealthChoice

800-977-7388

Health Education

800-957-9760

Medical Appeals Submission

Johns Hopkins HealthCare LLC
Appeals Department
7231 Parkway Drive, Suite 100
Hanover, MD 21076
Fax 410-762-5304

Medical Claims Submission

Johns Hopkins HealthCare LLC Adjustments Department
7231 Parkway Drive, Suite 100
Hanover, MD 21076
Fax 410-424-2800

Mental Health Services

Optum Maryland
800-888-1965
Fax 855-293-5407

Outreach

410-424-4648
888-500-8786

Provider First Line

410-424-4490
888-819-1043

Referrals

866-710-1447
Fax 410-424-4603

Substance Abuse Services

Optum Maryland
800-888-1965
Fax 855-293-5407

USFHP**Websites**

USFHP –hopkinsusfhp.org
TRICARE –tricare.mil
FORMULARY – hopkinsusfhp.org

Customer Service (Provider)

(benefit eligibility, claims status)
410-424-4528
800-808-7347

***Appointment Locator Service**

888-309-4573

**Members can speak to and work with staff that can help them find urgent and routine appointments with mental health and substance abuse professionals.*

Care Management

410-762-5206
800-557-6916

Health Coach Services

800-957-9760
healthcoach@jhhc.com

Health Education

800-957-9760
healtheducation@jhhc.com

Inpatient Utilization Management

Fax 410-424-2602

Outpatient Utilization Management

Fax 410-424-2603

Medical Appeals Submission

Johns Hopkins HealthCare
7231 Parkway Drive, Suite 100
Hanover, MD 21076
Attn: USFHP Appeals

Medical Claims Submission

Johns Hopkins HealthCare
PO Box 830479
Birmingham, AL 35283
Attn: USFHP Claims

Mail Order Pharmacy

410-235-2128 (Maryland residents)
800-345-1985 (Non-Maryland residents)

Mental Health/Substance Abuse Services

410-424-4830
888-281-3186

Quality Improvement

410-424-4538

Performance Improvement/Risk Management

410-338-3610

Superior Vision

800-879-6901

United Concordia Dental

800-332-0366

Under a separate agreement, the plan has arranged for members to receive dental services from selected community dentists under a discounted fee structure.

Important notice:

Please distribute this information to your billing departments.

PRPULSE12-Summer 2021

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Johns Hopkins HealthCare
7231 Parkway Dr., Suite 100
Hanover, MD 21076