

PROVIDER pulse

Johns Hopkins HealthCare Provider Newsletter

WINTER 2022



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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

“One kind word can warm three winter months.”

— *Japanese proverb*

The first provider newsletter of 2022 features kindly and informative announcements of changes to JHHC's benefits, policies and procedures that became effective this quarter and provides you advance notification of corporate initiatives and projects that we will introduce later in the year.

In this issue, you will find information on 2022 changes to our benefit plans: Johns Hopkins Advantage MD, Johns Hopkins Employer Health Programs (EHP), Priority Partners and Johns Hopkins US Family Health Plan (USFHP). We also have updates on new preauthorization requirements for medical injectables and other pharmacy news.

As we stare down the barrel of a third year of coping with the COVID-19 pandemic, we would be remiss not to include recent updates on COVID-19 coding, reimbursement, processes and other information. We want to thank you for your commitment to high-quality medical services during these prolonged, challenging times. Your continued efforts and partnership with JHHC inestimably enhance the health of our members.

— *Jayne Blanchard*, Editor

// POLICIES AND PROCEDURES

Medical Policy Updates Effective Feb. 1, 2022

The JHHC Medical Policy Advisory Committee (MPAC) has approved changes and additions to our medical policies. These changes went into effect **Feb. 1, 2022**.

View the Medical Policy Updates

Changes and additions this quarter include:

- CMS24.06 — Non-Emergency Ambulance Transportation (new policy)
- CMS02.09 — Testing for Hereditary Breast and Ovarian Cancer Syndromes (previously titled: CMS02.09 Hereditary Cancer Testing: High-Penetrance Breast and Ovarian Cancer)
- CMS03.12 — Cosmetic and Reconstructive Services
- CMS05.02 — Computed Tomography and Coronary Calcium Scoring (previously titled: CMS05.02 Computed Tomography and Calcium Scoring)
- CMS11.01 — Clinical Practice Guidelines
- CMS15.04 — Foot Orthotics
- CMS16.17 — Pulse Oximetry
- CMS16.19 — Prenatal Obstetrical Ultrasound
- CMS19.08 — Speech Devices (previously titled: CMS19.18 SpeechEasy Fluency Device)
- CMS22.06 — Vagus Nerve Stimulation for Depression
- CMS19.02 — Skin Tag Removal (policy is retiring and being merged with: CMS03.12 Cosmetic and Reconstructive Services)

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**.

Notice of EHP Following Federal Regulations on Transparency in Coverage

The federal Transparency in Coverage rules require Johns Hopkins EHP to post pricing information for covered items and services. This pricing information can be used by third parties, such as researchers and application developers, to help consumers better understand the costs associated with their health care. This makes any confidentiality provisions regarding rates in the contract non-enforceable.

Transparency in Coverage rules require the disclosure of price and benefit information directly to consumers and to the public. The initial requirements for 2022 include providing Machine-Readable Files containing the following sets of costs for items and services:

- Negotiated rates for in-network providers
- Historical allowed amounts and billed charges for out-of-network providers
- Negotiated rates and historic net prices for prescription drugs

More requirements, such as a price comparison tool, will go into effect in 2023 and 2024.

The U.S. Departments of Labor, HHS, and Treasury are of the view that transparency in health coverage requirements will strengthen the U.S. health care system by giving health care consumers, researchers, regulators, lawmakers, health innovators and other health care stakeholders the information they need to make, or assist others in making, informed decisions about health care purchases. More information can be found at cms.gov/healthplan-price-transparency.

Temporary Relaxation of Authorization Rules for Expedited SNF Authorization Process During Public Health Emergency

In light of the continuing pandemic, outpatient authorizations are extended for six months for outpatient services reviewed by JHHC, and there will be no administrative denials for late inpatient notifications during the Public Health Emergency, although medical necessity review will still be required.

JHHC also would like to remind our participating hospitals of the expedited SNF authorization request process and dedicated fax line for post-acute level of care authorization requests to facilitate the authorization process.

The Expedited SNF Fax Line has expanded to receive all post-acute requests and ambulance requests for authorization. This fax line receives requests for all post-acute settings listed as follows: skilled nursing facilities (SNF), acute inpatient rehab (ACIR), long-term acute care (LTAC), and ambulance requests. The fax number is **410-424-2703**.

SNF authorization requests remain auto-approved or Advantage MD, Priority Partners, Johns Hopkins EHP and Johns Hopkins USFHP members from an acute inpatient facility for five (5) days for all in-network* SNFs. The hospital should fax the SNF authorization request to 410-424-2703; if the

receiving SNF is participating with JHHC, five days will be automatically approved.

ACIR and LTAC authorization requests require **prior authorization**, and they will be reviewed for medical necessity by a Utilization Management (UM) RN.

The hospital will be responsible for submitting the authorization requests and will need to have identified the receiving SNF/ACIR/LTAC facility prior to submitting a request to the plan. Be sure to fill out the authorization request form in its entirety before submitting a request to JHHC. Authorizations for transfer to a lower level of care may be obtained by faxing the UM department Monday through Friday from 8 a.m. to 4 p.m. Authorization requests received on or after 4 p.m. on weekdays will be processed next business day. See **extended hours**** below for additional options.

- Fax the request to **410-424-2703**
- Questions regarding an authorization status, call Customer Service:
 - » EHP, Priority Partners, USFHP Customer Service line **410-424-4480**
 - » Johns Hopkins Advantage MD Customer Service line **844-560-2856**

Non-Emergent Ambulance Transfer Requests:

Johns Hopkins Advantage MD ambulance requests from acute setting to any discharge disposition require prior authorization.

The hospital must:

- Submit a Physician Certification Statement noting medical necessity
- Submit an [Authorization Request Form](#)
- Fax to **410-424-2703**

Johns Hopkins EHP: *All non-emergent ambulance* requests require prior authorization. The hospital must:

- Submit a Physician Certification Statement noting medical necessity
- Submit an [Authorization Request Form](#)
- Fax to **410-424-2703**

Priority Partners ambulance requests do not require prior authorization *except* when the request is from hospital to home. For all home environment discharge ambulance requests, the hospital must:

- Submit a Physician Certification Statement noting medical necessity
- Submit an [Authorization Request Form](#)
- Fax to **410-424-2703**

Johns Hopkins USFHP: *All non-emergent ambulance* requests require prior authorization. The hospital must:

- Submit a Physician Certification Statement noting medical necessity
- Submit an [Authorization Request Form](#)
- Fax to **410-424-2703**

***Note:** If a request is submitted for an out-of-network SNE, the request will be pended for a UM nurse to review.

****Extended hours for urgent discharge authorization requests:** After hours, on weekends and during holidays, please call the UM on-call pager at **1-800-307-9730**. Please use the pager during any extended hours described below.

- Weekends and holidays 8 a.m. to 7 p.m.
- Normal business days 5 p.m. to 7 a.m.

eviCore healthcare Adds New Codes for Prior Authorization Effective Jan. 1, 2022

Beginning **Jan. 1, 2022**, providers in the Advantage MD and Priority Partners networks must obtain prior authorization for medical necessity from eviCore for certain new High Tech Radiology and Advanced Cardiac Imaging codes. Providers in the Priority Partners network must obtain prior authorization for certain new Laboratory codes (see linked list below). The prior authorization requirement applies to members of all ages.

Providers should submit prior authorization requests via [HealthLINK](#) or the [eviCore portal](#). If the portal cannot be accessed, please call eviCore at 866-220-3071.

View the lists of new [eviCore codes for Advantage MD and Priority Partners](#) and [eviCore codes for Priority Partners only](#) effective **Jan. 1, 2022**, that require prior authorization.

New CPT Codes Requiring Preauthorization Effective Jan. 15, 2022

Effective **Jan. 15, 2022**, JHHC requires preauthorization for selected medical procedure codes for the Johns Hopkins Advantage MD, Priority Partners and Johns Hopkins USFHP health plans. 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. **Note:** Preauthorization requirements are subject to change.

Preauthorization Process

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

- **Advantage MD:** 855-704-5296
- **Priority Partners:** 410-762-5205 (non-urgent outpatient) or 410-424-4603
- **USFHP:** (inpatient) 410-424-2602 or (outpatient) 410-424-2603

New Address and Fax Number for Advantage MD Non-Participating Providers Appeal Requests

Effective March 21, 2022, there will be a new P.O. Box and fax number for Advantage MD non-participating provider appeals requests:

NEW Mailing Address

Johns Hopkins Advantage MD Appeals
P.O. Box 8777
Elkridge, MD 21075

NEW Fax: 1-410-424-2806

The phone numbers will remain the same: PPO: 877-293-5325, HMO: 877-293-4998; TTY users may call 711.

All appeals requests must include a completed and signed [Waiver of Liability Statement](#) form, which can be found on the [Forms](#) page of JHHC's provider website.

Note: There is no change to the Johns Hopkins Advantage MD participating provider payment dispute process, address, phone or fax number.

// BENEFITS AND PLAN CHANGES

What's New in 2022

A new year brings new benefits and resources for JHHC members. Here's a recap:

Johns Hopkins Advantage MD

- **New Dual Eligible Plan — Johns Hopkins Advantage MD D-SNP (HMO):** D-SNP members are those who are eligible for both Medicare and Medicaid (dual eligible), qualifying for Medicare because of age (65 or older) or due to a disability and eligible for Medicaid because they meet the requirements to qualify for Medicaid in the state of Maryland. Advantage MD now offers a D-SNP benefit option for dual eligible members in Maryland's Anne Arundel, Howard and Montgomery counties. A sampling of available benefits include medical and behavioral health services, Part D prescription drug, fitness programs, home meal delivery after inpatient discharge, transportation to medical appointments and dental care.
- **Reduced Copays on Select Insulins:** Advantage MD HMO, PPO, PPO Plus, and PPO Premier plans are participating in the CMS Medicare Part D Senior Savings Model Program, which offers reduced copays on Select Insulins. Cost savings will apply to a select list of insulin products during the initial and coverage gap stages. Cost savings does not apply in the catastrophic phase. Member cost share for Select Insulins will be \$35 for a one-month supply and up to \$105 for a three-month supply with additional savings for orders by mail. Providers can find out which drugs are Select Insulins by reviewing the Advantage MD **Formulary** (Select Insulins are indicated on the Drug List by "SI"). Providers are encouraged to prescribe lower cost Select Insulins if appropriate.
- **OTC Benefit:** The Advantage MD catalog for OTC items is available online at www.hopkinsmedicare.com. The OTC catalog contains a complete listing of all plan-covered OTC drugs, supplies and self-care products and the price of each item. Members can have OTC products mailed to their homes once per quarter after placing an order online at www.cvs.com/otchs/amd or via the OTC Program call center at **888-628-2770**. Members can select and order OTC products from the [Advantage MD OTC catalog](#). Advantage MD covers up to \$90 every three months for HMO D-SNP members and up to \$60 every three months for HMO members. Any unused

amount does not carry over to the next period. Providers should discuss all OTC products with their patients but do not need to submit anything to the plan.

EHP

- **Expanded Telemedicine/OnDemand:** Telemedicine/OnDemand is a covered benefit for EHP members. These visits are charged as standard outpatient evaluation and management visits and are contracted at the following specific rates:
 - » \$70 for a Johns Hopkins provider
 - » \$55 for a Teladoc provider; if member deductible has been reached, members will pay 20% or \$14 for a Johns Hopkins provider visit and \$11 for a Teladoc provider visit. If deductible has not been met, deductible will apply and then 20% coinsurance will apply.
 - » EHP members who are Johns Hopkins University (JHU) employees will be eligible for the Telemedicine/OnDemand benefit. Telemedicine through Johns Hopkins Virtual OnDemand telemedicine visits through the Johns Hopkins Virtual OnDemand platform will be paid at 80% by the plan with a 20% member coinsurance; deductible applies.
 - » **Note:** Johns Hopkins OnDemand is also available to EHP members and dependents of Johns Hopkins Hospital/Johns Hopkins Health System Corporation, Broadway Services and Student Health plan.
- **Hearing Aid Coverage:** JHU will add coverage for hearing aids to active plans active and COBRA populations. The benefit will pay \$1,000 per ear every three years, with no age limit. Hearing aid coverage is also a benefit for other EHP plans. Please see www.ehp.org for specific information on our employer plans.
- **Vision Benefit:** The Vision benefit is now administered by Superior Vision*: superiorvision.com.
 - » Superior Vision National Network Customer Service Number: **800-507-3800**
 - » Superior Vision Claims Administration P.O. Box 967, Rancho Cordova, CA 95741
 - » Wilmer is in network with Superior for eye exams only.
 - » Vision Services — Routine Optometry services: Superior Vision; Medical Ophthalmology services: EHP network

- Vision eligibility questions: Members should be redirected to the Johns Hopkins Human Resources Solutions Center **443-997-5400**.
- **Note:** Broadway Services and Suburban Hospital remain in the EHP vision network at least through June 2022. **Wilmer is in network with the EHP vision network for materials and eye exams.**

Priority Partners

- **Continuous Glucose Monitors (CGMs) Now a Pharmacy Benefit:** Priority Partners members are able to obtain CGMs and supplies from any in-network pharmacy. This expands access to CGMs, which previously were only available through DME providers. The pharmacy network includes most chain retailers and independent pharmacies within Maryland. A listing of network pharmacies can be found here: [Search for a participating network pharmacy](#).
 - » Please rewrite any CGM prescriptions for your Priority Partners patients and provide instructions for them to take it to their pharmacy. We hope this change allows access that is more convenient for members prescribed CGMs and improves adherence and management of their condition. Some pharmacies offer free shipping of CGMs to members at no charge.

Quantity Limits for Nebulizers Go Into Effect March 1, 2022 for EHP, Priority Partners and USFHP

Medically necessary nebulizers (HCPCS Code E0570) are covered under the Durable Medical Equipment (DME) benefit for EHP, Priority Partners, USFHP and Johns Hopkins Advantage MD.

Effective March 1, 2022, for EHP, Priority Partners and USFHP, the reasonable and necessary (R&N) quantity covered per 12-month period will be one (1) nebulizer. Nebulizer machine replacements, if needed, in excess of one (1) per 12-month period will require preauthorization with documentation explaining the clinical and/or technical reasons for such a replacement. Coverage may not be extended for the repair or replacement of an item covered under warranty.

Note: For Johns Hopkins Advantage MD, there is no change — authorization is required only if the billed charges are over \$2500.

Reminder: Benefit Information on COVID-19 Testing for USFHP Members

Johns Hopkins US Family Health Plan (USFHP) does not cover testing for COVID-19 that is not primarily intended for diagnosis and/or treatment of the coronavirus and its variants. This update became effective **Dec. 15, 2021**. Reasons for not covering the COVID-19 test include:

- Public health surveillance
- Research
- General workplace health and safety
- Return to school
- Mass transportation (e.g., bus, train, van pool)
- Personal or leisure travel
- Curiosity or personal interest
- Offer by a third party for “free” testing unrelated to medical necessity
- To determine a donor’s ability to donate blood or plasma

Reminder: To receive COVID-19 testing, USFHP members require a referral from a USFHP- or TRICARE-authorized provider. If a USFHP member receives a COVID-19 test through a county or state provider that does not request insurance information or bill the health plan, a referral would not be required.

Please see the applicable [TRICARE policy](#) for details.

// QUALITY CARE

Notice of Monthly Exclusion Checks

JHHC and its participating organizations are committed to ensuring that all providers with whom we do business are properly screened for exclusions, debarments and state sanctions and are authorized to participate in federal and state health care programs.

On a monthly basis, the Compliance department performs a check of all providers in our claims payment system against the following databases:

- The Office of Inspector General’s **List of Excluded Individuals/Entities** (LEIE)
- The U.S. General Services Administration System of Award Management (SAM)
- Maryland Department of Health Medicaid Sanctioned Providers List

Any potential matches are investigated to determine if the provider is sanctioned, debarred or excluded.

- Appropriate action is taken to terminate provider contracts and/or recoup claims payments as appropriate
- Actions are outlined in policy “Ongoing Monitoring State Fed Exclusion Debarment Sanctions Policy” on the [JHHC website](#) under provider resources.

// CLAIMS AND BILLING

COVID-19 Code and Billing Updates Effective Jan. 1, 2022

Priority Partners

As of **Jan. 1, 2022**, Priority Partners no longer reimburses for HCPCS code U0005.

Description of code U0005:

- Infectious agent detection by nucleic acid (DNA or RNA);
- Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2; coronavirus disease [COVID-19]), amplified probe technique, CDC or non-CDC, making use of high throughput technologies, completed within two calendar days from date of specimen collection (list separately in addition to either HCPCS code u0003 or u0004) as described by cms-2020-01-r2.

Johns Hopkins Employer Health Programs (EHP) and Johns Hopkins US Family Health Plan (USFHP)

EHP and USFHP follow CMS guidelines regarding reimbursement for CPT code 99072 as of **Jan. 1, 2022**:

- **CPT code 99072:** Additional supplies, materials and clinical staff time over and above those usually included in an office visit or other non-facility service(s), when performed during a Public Health Emergency as defined by law, due to respiratory-transmitted infectious *disease*.

Therefore, CPT 99072 will be considered a bundled code and will no longer be reimbursed separately as of **Jan. 1, 2022** for EHP and USFHP.

Note: Johns Hopkins Advantage MD already follows CMS guidelines for CPT code 99072 and does not reimburse separately for this code. 99072 is non-covered for Priority Partners.

Updated Guidance on the Use of Misoprostol for Priority Partners

The Maryland Department of Health (MDH) has updated its guidance for the reimbursement of misoprostol for medically induced abortions provided in PT 21-17 [Coding and Reimbursement Changes for Abortion Procedures](#) (Abortion Transmittal No. 2, Physician Transmittal No. 141), dated Feb. 10, 2017. Priority Partners will now follow this updated guidance.

Previous guidance did not allow providers to bill for misoprostol (S0191) on the same day as a surgical abortion (59840 and 59841). Effective **Feb. 1, 2022**, Priority Partners reimburses providers who bill for both S0191 and 59840 or 59841, when completed on the same date of service.

// PHARMACY

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. For additional information on the pharmacy formularies and updates for each plan, use the links listed below. You can also contact the JHHC Pharmacy department at **888-819-1043** for questions or concerns for Priority Partners, EHP and USFHP. Contact **877-293-5325** (option 2) for questions or concerns for Advantage MD.

Pharmacy websites to bookmark:

- **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](#)

New Prior Authorization Requirements for Certain Provider-Administered Medications

Johns Hopkins Advantage MD, Johns Hopkins EHP and Johns Hopkins USFHP will require prior authorization to determine medical necessity for the following provider-administered medications. For certain drug classes, EHP, Advantage MD and USFHP have preferred drug lists. This requirement affects members of all ages. This went into effect **Jan. 1, 2022**.

Please refer to **complete lists** of HCPCS codes available on JHHC website to identify codes that have these additional requirements:

- [EHP](#)
- [Advantage MD](#)
- [USFHP](#)

Submitting medical injectable prior authorization requests:

- EHP and Advantage MD:
 - » Providers may submit prior authorization requests electronically through NovoLogix using the [JHHC HealthLINK secure portal](#). The NovoLogix portal must be accessed through HealthLINK for JHHC prior authorization requests. *This is the preferred and most efficient method of submission.*
 - » Providers may also contact NovoLogix by phone for EHP and Advantage MD:
EHP: **844-345-2803**
 - » Advantage MD: **800-932-7013**
- For USFHP:
 - » Providers may complete and submit the [USFHP Medical Injectable Prior Authorization Form](#) along with clinical supporting documentation via fax to **410-424-2801**.

New Prior Authorization Requirements for Continuous Glucose Monitor Devices

Starting Feb. 1, 2022, Priority Partners began requiring prior authorization for coverage of Freestyle Libre and Dexcom continuous glucose monitor CGMs devices to determine medical necessity. If authorization is granted, members will be able to obtain these CGMs from any in-network pharmacy.

How to submit prior authorization requests:

- An electronic prior authorization (ePA) request may be submitted using the [CoverMyMeds®](#) or [Surescripts®](#) online submission tool.
 - » Helpful step-by-step navigation guides are available for both [CoverMyMeds®](#) and [Surescripts®](#). These ePA assistance tools may be downloaded at the following links:
 - › [CoverMyMeds®](#) Walkthrough
 - › [Surescripts®](#) Walkthrough
- If a provider is unable to submit an ePA request, a completed Pharmacy Prior Authorization Form may be faxed to Priority Partners at the fax number listed on the form.
- Please visit [Priority Partners Forms](#) for a list of available pharmacy prior authorization forms.
- Please provide clinical documentation to support all prior authorization requests that are submitted electronically, or by fax

Please visit [Priority Partners Pharmacy Benefits](#) for more information.

// REMINDERS

COVID-19 Vaccination \$100 Gift Card Incentive for PPMCO Members Runs Through March 31, 2022

The Maryland Department of Health (MDH) has an incentive program underway to increase COVID-19 vaccination rates.. Priority Partners members 12+ years old who become fully vaccinated for COVID-19 between Dec. 15, 2021 and March 31, 2022 are eligible for a \$100 gift card.

- “Fully vaccinated” means one dose of the Johnson & Johnson vaccine or two doses of the Pfizer or Moderna vaccines.
- Priority Partners members must fill out and submit the [gift card claim form \(accessible at ppmco.org/claim-gift-card\)](#) to receive the reward.

Please encourage your unvaccinated Priority Partners patients to get protected against COVID-19 and get rewarded.

The [Claim Your Gift Card page](#) of the Priority Partners website explains the member COVID-19 vaccination gift card incentive. Providers can also view [MDH's MCO Transmittal No. 149](#) for more information.

Redetermination Campaign Now Underway for Priority Partners Members: COVID-19 Public Health Emergency Extension Ends April 30, 2022

Priority Partners members must renew their health benefits once a year or their Medicaid benefits will be terminated. The termination of benefits due to non-renewal was paused by the Maryland Department of Health (MDH) during the COVID-19 Public Health Emergency (PHE).

MDH has recently announced that the PHE extension is scheduled to end **April 30, 2022**. At that point, members will be required to renew their benefits as they have in the past, according to their month of renewal.

- There are three ways members can renew their benefits:
 - » [Go online to Maryland Health Connection*](#) — Log into their account, then click the Change My Information/Renew Coverage button.
 - » Call Maryland Health Connection at 855-642-8572.
 - » Download and use the free mobile app, Enroll MHC.
- Members can call Priority Partners Member Services at 1-800-654-9728 for questions or support.

MDH has asked Maryland MCOs, such as Priority Partners, to assist in alerting members to start taking action now to renew their benefits to prevent interruption of care or loss of their Medicaid insurance.

Priority Partners is asking our providers to partner with us in reaching out to members to renew their benefits now.

- Providers can access a list of impacted members at the same location in [HealthLINK](#) where you currently get your monthly Redetermination Reports (FTP and FTA).
- The impacted member list is labeled “PPP10101,” and the name of the report is “Public Health Emergency.”
- The list contains the Priority Partners members who did not complete their Redetermination/Renewal in 2021 and were granted an extension.

**This link is from an external website that is not provided or maintained by or in any way affiliated with JHHC. Please note JHHC does not guarantee the accuracy, relevance, timeliness or completeness of any information on this external website.*

Preventive Visits Benefit Reminder

For John Hopkins Employer Health Programs (EHP), Johns Hopkins US Family Health Plan (USFHP), Priority Partners, and Johns Hopkins Advantage MD members, one preventive visit/annual exam is allowed per calendar year. Members do not have to wait 366 days from their last preventative visit/annual exam for this yearly health maintenance appointment.

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.

PRPULSE I - Winter 2022

PROVIDER
pulse



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