

Johns Hopkins HealthCare LLC

Johns Hopkins Employer Health Programs (EHP)

Presented by: Johns Hopkins HealthCare Provider Relations Department

Agenda

- Welcome
- About JHHC
- Provider Website Review
- EHP Overview
- EHP Updates-New for 2022
- Claims and Appeals Submission
- Referral and Preauthorization Process
- Additional Information and Resources

Johns Hopkins HealthCare

Welcome:

Johns Hopkins HealthCare LLC (JHHC) provides health care services for four health plans: Priority Partners Managed Care Organization, Johns Hopkins Employer Health Programs (EHP), Johns Hopkins US Family Health Plan (USFHP) and Johns Hopkins Advantage MD.

Johns Hopkins HealthCare

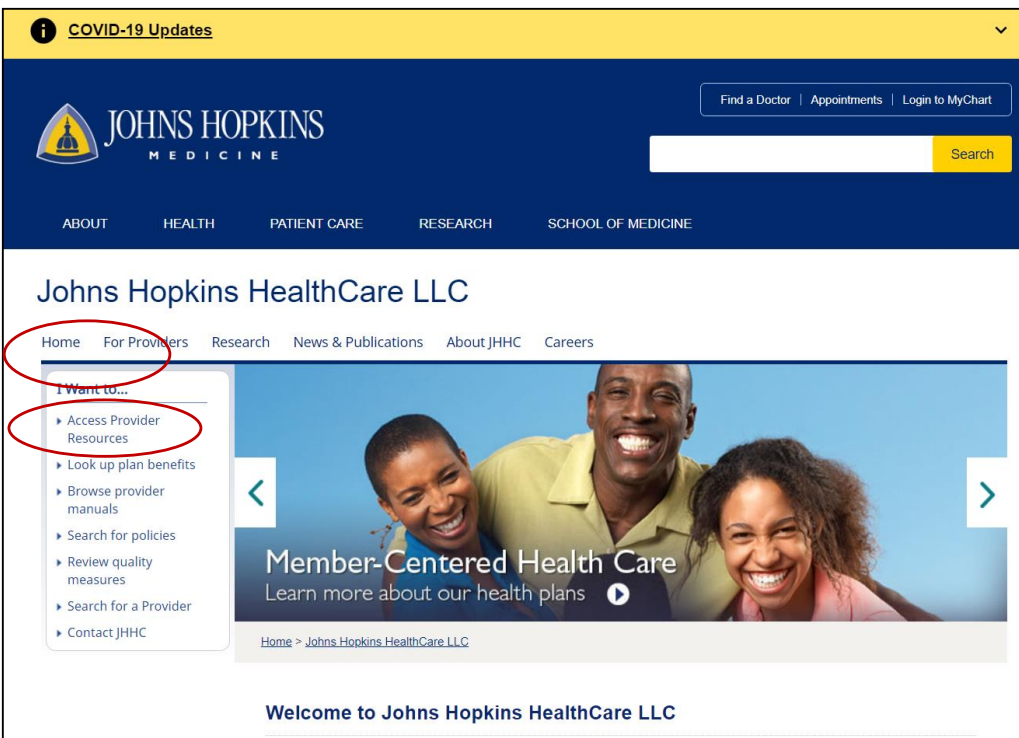
Provider Website: www.jhhc.com -> For Providers

Provider website includes:

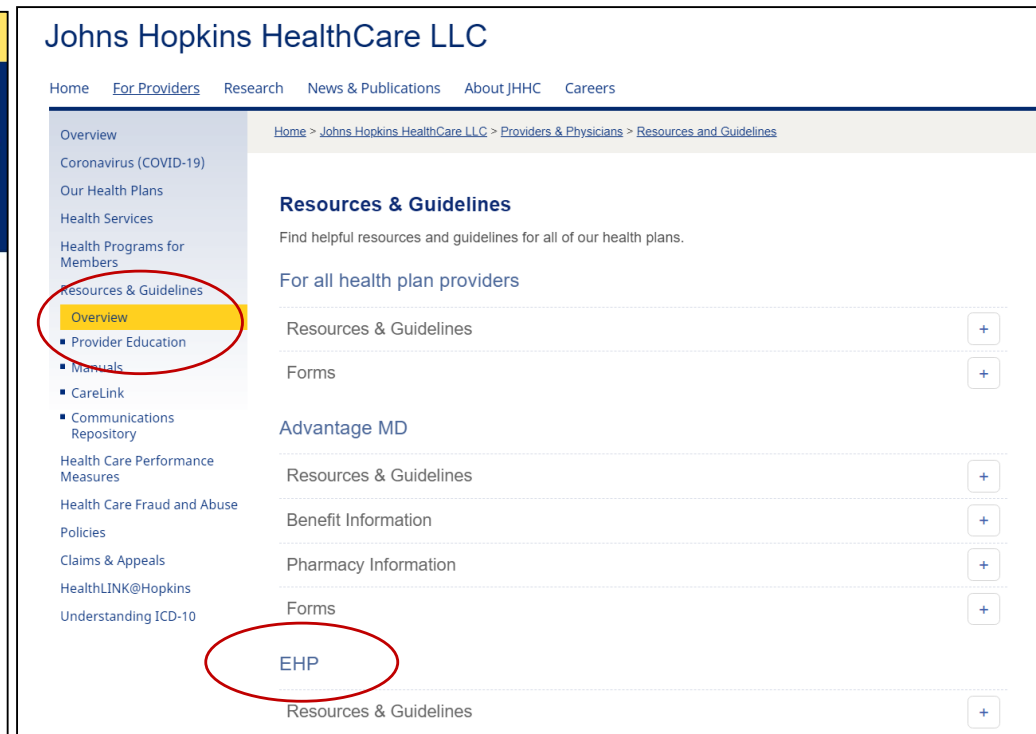
- [Provider manuals](#)
- [Forms](#)
- [HealthLINK](#) portal access
- [Online provider directory](#)
 - Find participating providers on www.jhhc.com
- [Policies and procedures](#)
- [Communications repository](#)

Johns Hopkins HealthCare

Provider Website: www.jhhc.com -> For Providers



The screenshot shows the homepage of Johns Hopkins HealthCare LLC. At the top, there is a yellow banner for "COVID-19 Updates". Below that is the Johns Hopkins Medicine logo and a search bar. A navigation menu includes "ABOUT", "HEALTH", "PATIENT CARE", "RESEARCH", and "SCHOOL OF MEDICINE". The main heading is "Johns Hopkins HealthCare LLC". A secondary navigation menu includes "Home", "For Providers", "Research", "News & Publications", "About JHHC", and "Careers". A "I Want to..." dropdown menu is open, with "Access Provider Resources" circled in red. Below the menu is a banner for "Member-Centered Health Care" with a play button icon. At the bottom, it says "Welcome to Johns Hopkins HealthCare LLC".



The screenshot shows the "Resources & Guidelines" page for Johns Hopkins HealthCare LLC. The page title is "Johns Hopkins HealthCare LLC". The navigation menu includes "Home", "For Providers", "Research", "News & Publications", "About JHHC", and "Careers". The breadcrumb trail is "Home > Johns Hopkins HealthCare LLC > Providers & Physicians > Resources and Guidelines". The left sidebar has a menu with "Overview" circled in red. The main content area is titled "Resources & Guidelines" and includes a sub-heading "For all health plan providers". There are several expandable sections: "Resources & Guidelines", "Forms", "Advantage MD", "Resources & Guidelines", "Benefit Information", "Pharmacy Information", "Forms", "EHP" (circled in red), and "Resources & Guidelines".

Overview

- As a third-party administrator, Johns Hopkins Employer Health Programs (EHP) provides benefits administration to Johns Hopkins Medicine employers and other strategic partners, serving more than 60,000 members.

With 20,000 health care providers and 30 hospitals in Maryland and Southern Pennsylvania, and a nationwide network of nearly 691,000 providers and 3,500 hospitals, EHP self-funded plans are designed to meet the needs of all its members.

- EHP offers programs and services to help members better manage their health. EHP offers the EHP Benefits Explorer, an interactive tool designed to help EHP members quickly and easily find coverage information related to specific services. For detailed information on what each individual employer offers, visit benefits.ehp.org.

As EHP members, your patients can take advantage of the following:

- **Prescription coverage:** Prescription drug benefits vary among EHP employer groups. The EHP pharmacy and formulary can be viewed [here](#).
- **Dental care:** Dental benefits vary among EHP employer groups. View the various plans at <https://www.ehp.org/plan-benefits/dental-care-directory/>.
- **Visits to urgent care:** Members can find urgent care centers by accessing the [Provider Directory](#) or calling EHP customer service at 800-261-2393.

(continued)

- **Care management program**: Through our four main service areas of Preventive, Transitional, Complex, and Maternal/Child, we catch members wherever they are on the health continuum. Members can call 800-557-6916 for more information.
- **Pregnancy resources**: Various programs for expectant moms, including Partners with Mom a high risk prenatal case management program and health coaching. Members can call 800-261-2396 ext. 5355 for more information.
- **HealthLINK@Hopkins**: This is the secure web portal for members' personal health information. Members can login and register at ehp.org. Resources for providers are also available in **HealthLINK**.

New for 2022: Telemedicine/OnDemand

- Starting January 1, 2022 for JHU employees, 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.
- 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 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.

New for 2022 EHP: Hearing Aids

Hearing aid coverage effective January 1, 2022 - 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.

Vision

The Vision benefit is administered by Superior Vision. [Superiorvision.com](https://www.superiorvision.com)*

- Superior 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 HR Solutions Center 443-997-5400.

*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.

New for 2022: CPR Service Process for EHP

- **JHHC has engaged PNC Healthcare** to provide new electronic methods via their Claims Payments & Remittances (CPR) service.
- Beginning **in the first quarter of 2022**, payment for EHP and Priority Partners only will be issued using the new CPR service.
- This service will also enable providers to log into a website to access a detailed explanation of payment (EOP) for each transaction.

New for 2022: Transparency In Coverage

- The federal Transparency in Coverage rules require Johns Hopkins Employer Health Programs (EHP) to begin posting 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.
- The Transparency in Coverage rules requires 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 Departments of Labor, HHS, and the Treasury (Departments) are of the view that transparency in health coverage requirements will strengthen America'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 <https://www.cms.gov/healthplan-price-transparency>.

Provider Resource: NovoLogix

- Preauthorization is required for the medical injectable drug codes listed in the link for Johns Hopkins EHP*.
- The process for obtaining prior authorizations for Johns Hopkins EHP** and Johns Hopkins Advantage MD will be managed in collaboration with CVS Health–NovoLogix.
- [List of applicable codes for Advantage MD, EHP and Priority Partners.](#)

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

Provider Resource: NovoLogix

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 providers may also contact NovoLogix by phone if the Novologix portal cannot be accessed:
 - **EHP: 844-345-2803**

Provider Resource: JPAL

The Johns Hopkins Prior Authorization Lookup tool (JPAL) is a provider resource to check and verify preauthorization requirements for outpatient services and procedures. Located in the [HealthLINK](#) portal, JPAL offers a user-friendly way for providers to look up preauthorization requirements.

- Providers can simply click on the JPAL link in [HealthLINK](#) under the “Administration” tab to access this tool.

JPAL Features:

- Search by specific procedure code or procedure description.
- Confirm the authorization requirements of all procedures before delivery of service.
- Search results are organized by procedure code, modifiers, procedure description, and individual lines of business.
- Clicking on the procedure code link or on any line of business link brings up specific details, such as the rules pertaining to preauthorization for each line of business and access to the applicable medical policy document.

NOTE: JPAL is a resource to look up preauthorization requirements only. Authorization requests cannot be submitted through JPAL. Please follow JHHC's current policies and procedures to request prior authorization, which are available on the [JHHC website](#).




JPAL Tips:

- Please remember to confirm the authorization requirements of all outpatient procedures via JPAL before delivery of service.
- If preauthorization status is unclear, submit an authorization request to JHHC Utilization Management.
- Authorizations are not a guarantee of payment.
- Instructions on how to use the JPAL tool are available on the [JHHC Provider Education webpage](#) (scroll down to the “HealthLINK Job Aids” section) and within [HealthLINK](#).

Provider Resource: Cigna PPO National Network

National Network for EHP Members

- National medical coverage inside and outside the state of Maryland through the Cigna PPO Network.
- **Cigna PPO Network**
 - <https://www.ehp.org/news-and-updates/cigna-network/>
 - 866-494-4872

	JHH/JHHSC PPO Plan	Eff. Date: 1/1/2021
Member: Sample name ID#: 001119069*01 Group#: E00092/001 Plan#: 001 Vision: Yes	PCP Name: Sample name PCP phone: (410) 123-4567	
PCP: Designated \$10 Non-Designated: \$20 Urgent Care Facility: \$25 Emergency Room: \$250	 Generic: \$10 Preferred: \$40 Non-Preferred: \$65	Bin: 004336 PCN: ADV Group: RX6795
"S"		

Member ID cards



JHH/JHHSC
PPO Plan

EE. Date: 01/01/2022

Member: JH HEALTH SYSTEM SAMPLE CARD
 ID#: 001118009P01
 Group #: 0000920001
 Plan #: JPS



Generic: \$10
 Preferred: \$40
 Non-Preferred: \$65

Bin: 004338
 PCN: ADV
 Group: R00795

<p>POP Name: POP NOT REQUIRED POP: Designated \$10 Non-Designated: \$20 Urgent Care Facility: \$25 Emergency Room: \$250</p>	<p>Plan Deductible: Individual: \$200 Family: \$400 Plan OOP Max (Medical): Individual: \$2000 Family: \$4000</p>
--	--

B
 Higher amounts apply for Out of Network care.
 For more info, consult your Summary Plan Description,
 call 800-261-2383, or visit www.EHP.org



EHP Customer Service: 1-800-261-2383
Website: EHP.org
Provider Search: EHP.org/provider
Pharmacy Information: 1-800-543-6821
Mental Health and Substance Use Disorder: 1-800-261-2429

Notice: Possession of this card or obtaining precertification does not guarantee coverage or payment for the service or procedure reviewed. Please call the number on this card to verify eligibility.

Providers: Precertification must be obtained for services as specified in the member's plan. For precertification, call the number shown on this card.
EHP Precertification: 1-800-261-2421

Submit claims to: Johns Hopkins Employer Health Programs - EHP
7231 Parkway Drive, Suite 100, Hanover, MD 21076
Electronic Payer ID: 52108

Cigna Eligibility/Benefits/Precertification: 866-261-2383

Benefits are not insured by Cigna or affiliates.



VIEW YOUR HOME CARD

Claims & Appeals Submission

Billing Address

- Johns Hopkins HealthCare LLC
Attn: EHP Claims
7231 Parkway Drive, Suite 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
- Claims must be submitted with a rendering provider's NPI in Box 24J of CMS 1500

(continued)

Claims & Appeals Submission

- Claims must be submitted within 180 calendar days of the date of service. The [Provider Claims/Payment Dispute Form](#) can be used for these issues. A web version of this form is located in [HealthLINK](#).
- Administrative appeals (timely filing, care not coordinated by PCP, authorization not on file, member not eligible at time of service, incorrect coding) must be submitted within 90 business days of the date of denial. The [Provider Appeal Submission Form](#) can be used for these issues.
- For additional information on EDI (Electronic Data Interchange), please send an email request to edi@jhhc.com. EDI Payor ID **#58379**.

Referral and Preauthorization Process

- **Preauthorization.** 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.

To find out which services require a referral, preauthorization or medical review, please visit [HealthLINK](#) and click on the link for the Johns Hopkins Prior Authorization Look-Up Tool (JPAL), which is located under the Administration tab.

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 www.jhnc.com 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.

Health Care Performance Measures

Healthcare Effectiveness Data and Information Set (HEDIS®)

- The 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). Examples of HEDIS® measures are Comprehensive Diabetes Care, Childhood Immunizations, yearly Well Child Exams for Children Ages 3-6 and yearly Adolescent Well Care Exams. For detailed information about HEDIS®, please go to <http://www.ncqa.org/> or read our [HEDIS Tip Sheet](#).

Health Care Performance Measures

Consumer Assessment Health Plan Surveys (CAHPS®)

- The Consumer Assessment of Healthcare Providers (CAHPS®) 5.0H is a member satisfaction survey whose objective is to capture information about consumer-reported experiences with healthcare. The focus of the survey is to measure how well plans are meeting member expectations, determine which areas of service have the greatest effect on overall member satisfaction, and identify areas of opportunity for improvement. The survey is conducted according to NCQA protocol by an NCQA certified vendor.

Updating Your Information

You are required to notify JHHC's Provider Relations department of any demographic changes to your practice.

- **Provider Maintenance** for demographic changes: ProviderChanges@jhhc.com. Please use the [Provider Information Update Form](#).
- **Provider Relations** for contract status and fee schedule questions: 1-888-895-4998
- **W-9 requests** should be submitted to: w9requests@jhhc.com.

Network Appointment 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:

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
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

Fraud, Waste and Abuse Process

Complaints of possible Fraud, Waste, and Abuse can be reported to the Johns Hopkins HealthCare Payment Integrity Department - **Fraud Waste and Abuse.**

- **By Mail:** Payment Integrity Department, Attention: FWA, 723 I Parkway Drive, Suite 100, Hanover, MD 21076
- **Phone:** 410-424-4971
- **Fax:** 410-424-2708
- **Email:** FWA@jhhc.com

Important Numbers

Utilization Management

- Inpatient Initial 410-424-2770
- Inpatient Concurrent 410-424-4894
- Non-urgent Outpatient 410-762-5205
- Urgent Outpatient 410-424-2707

DME

- 410-762-5250 Fax

Behavioral Health Services

- 410-424-4476 or 800-261-2429
- 410-424-4891 Fax

Case/Disease Management

- 800-557-6916
- caremanagement@jhhc.com
- compliance@jhhc.com

Cigna

- 866-494-4872

Pharmacy Services

- 888-819-1043, option 4
- 410-424-4607 Fax

JHHC Customer Service

Employer Health Programs (EHP) Customer Service

410-424-4450 or 800-261-2393

ehpcustomerservice@jhhc.com

Provider Relations: 888-895-4998

THANK YOU