



## Overview & Important Information

- HealthChoice is a health care program of the Maryland Department of Health and Mental Hygiene
- The HealthChoice plan provided through Priority Partners includes coverage for Medical Assistance for Families and the Maryland Children's Health Plan for pregnant women and children
- Eligibility is based on family size, income levels, or special medical circumstances
- Before rendering services, verify HealthChoice eligibility by contacting Priority Partners Customer Service at 1-800-654-9728.

## Important Phone Numbers

### Medical Management

410-424-4480  
1-800-261-2421  
410-424-4603 Fax

*(Referrals not needing  
Medical Review)*

### Intital Inpatient

410-424-2770 Fax

### Outpatient

**Medical Review**  
410-762-5205 Fax

### Outpatient Urgent Requests

410-424-2707 Fax

### DME

410-762-5250 Fax

### Case/Disease Management

1-800-557-6916  
[populationhealth@jhbc.com](mailto:populationhealth@jhbc.com)

### Customer Service

*(Claims, benefits and eligibility)*  
410-424-4500  
1-800-654-9728

### Pharmacy Services

410-424-4490, option 4  
1-888-819-1043  
410-424-4607 Fax

### Health Education

410-424-4821  
1-800-957-9760

### Outreach

410-424-4648  
1-888-500-8786

### Superior Vision

1-866-819-4298

### DentaQuest

1-800-341-8478

### HealthChoice

1-800-977-7388

### State of Maryland EVS

1-866-710-1447

### Mental Health Services

Optum Maryland  
1-800-888-1965

### Behavioral Health Services

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

### Provider Relations

*(Contracts, fee schedules,  
and demographic changes)*  
410-762-5385  
1-888-895-4998  
410-424-4604 Fax

### Fraud and Abuse

410-424-4996  
[compliance@jhbc.com](mailto:compliance@jhbc.com)

## Member ID Card



Customer Service: 1-800-654-9728  
TTY LINE: 410-424-4643  
[www.ppmco.org](http://www.ppmco.org)

#### Name:

NEW PP MEMBER SAMPLE CARD

ID#: 001172206\*01

Recipient #: 99999999999

Case #: 999999999

Eff. Date: 01/01/2021

#### Doctor:

AG PRIM CARE OCEAN PINES

Doctor Phone: (410)208-9761

RX Co-Pay: \$1.00

Brand: \$3.00

RX Co-Pays apply to members age 21+

Group: RX6810 PCN: ADV Bin #: 610084



#### Benefits & Customer Service 1-800-654-9728

*Call us before any inpatient admission or within 24 hours of  
urgent/emergency inpatient admission.*

**Maryland Health Connection** 1-855-642-8572

**Vision Benefits**

**Dental Benefits**

Superior Vision 1-800-428-8789

DentalQuest 1-800-698-9611

**Pharmacy Information** 1-855-298-4258

**Maryland Department of Health**

**HealthChoice Enrollee Help Line** 1-800-284-4510

**Behavioral Health** 1-800-888-1965

**Submit claims to:** Priority Partners MCO

7231 Parkway Dr., Suite 100

Hanover, MD 21076



## Claims & Appeals Submission

### Billing Address

Johns Hopkins HealthCare LLC  
Attn: Priority Partners Claims  
7231 Parkway Dr., 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
- Claims must be submitted within 180 calendar days of the date of service
- 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

For additional information on EDI (Electronic Data Interchange), please send an email request to [edi@jhhc.com](mailto:edi@jhhc.com). EDI Payor ID #52189.

## Referral & Pre-Authorization Process

### Submit Referrals by Phone or Fax

Phone: 410-424-4480 or 1-800-261-2421

Fax: 410-424-4603

Maryland Uniform Consultation Referral Form

### Key Referral Information

- Patient/member name\*
- Member ID\*
- DOB\*
- Address
- Referring provider
- Referred services
- Limitations
- Diagnosis/Procedure Codes

*\*Indicates required fields*

### Number of Visits

If the number of visits and date span is specified in the referral, the request will be honored up to a maximum of 50 visits and a one-year period. If the number of visits and date span is not specified on the referral, the referral will be considered valid for one visit and 120 calendar days.

### Eligibility

All providers should verify the member's eligibility at the time of service or as close to the time of service as possible by calling the State of Maryland EVS at 1-866-710-1447.

### Lab and Radiology Policies

Please refer to the Priority Partners website for Lab and Radiology Policies.

**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.**

## 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.jhhc.com](http://www.jhhc.com) or contact your Network Manager. First time users must register for an account. If you need assistance with registration, contact Provider Relations at 1-888-895-4998.