

Facets Migration: Important Information

What will change:

- If a provider is not submitting claims electronically, claims will only be accepted through the [HealthLINK](#) portal or through the postal system. JHHC will no longer accept claims via fax or email after the transition.
- If mailing in claims, please use separate envelopes and mail to the unique address for each health plan, new claims address for Priority Partners, EHP, Hopkins ElderPlus noted below:
 - **Priority Partners:** P.O. Box 4228, Scranton, PA 18505 (DOS 9/1/22 and after)
 - **EHP:** P.O. Box 4227, Scranton, PA 18505 (DOS 12/1/22 and after)
 - **Hopkins ElderPlus:** P.O. Box 4077, Scranton, PA 18505 (DOS 12/1/22 and after)
 - Do not submit claims for multiple health plans in the same envelope.
- Claims editing system will change from McKesson ClaimCheck to Optum CES.
- Electronic claims payment and remittance service will change from Change HealthCare to PNC Healthcare
- Member ID card changes
 - New member ID cards will have the same format as current member ID cards. Member identification numbers will be a nine-digit numeric value and 2-digit person number. EHP group numbers will change slightly; the prefix will be the same but longer. The claims address on the back of the member ID card will change. See sample cards on next page.
 - PCP designation will be individual provider instead of group for Priority Partners. *Members who were previously assigned at the PCP group level, will be assigned to PCPs based upon PCP claim history/experience. If the member does not have claims history with that PCP group, then members will be distributed randomly across the PCPs within that group.*
 - **The [Priority Partners PCP Change Form](#) has been revised to note individual PCP assignment. Please use the revised form as of September 1, 2022.**
 - New Priority Partners member ID cards were mailed out mid-August. New EHP and Elder Plus member ID cards will be mailed out mid-November.

 <p>Customer Service: 1-800-654-9728 TTY LINE: 410-424-4643 www.ppmco.org</p> <p>Name: J PENNAME ID#: 101234567*00 Case #: 112497079 Doctor: ANONYMOUS PROVIDER MD Doctor Phone: (301) 000-0000 RX Co-Pay: \$1.00 RX Co-Pays apply to members age 21+</p> <p>Group: RX6810 PCN: ADV Bin #: 610084</p>	<p>Recipient #: 44302102004 Eff. Date: 03/01/2022</p> <p>Brand: \$3.00</p> <p>CVS caremark</p>	<p>Benefits & Customer Service 1-800-654-9728 <i>Call us before any inpatient admission or within 24 hours of urgent/emergency inpatient admission.</i> Maryland Health Connection 1-855-642-8572 Vision Benefits Superior Vision 1-800-428-8789 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 P.O. Box 4228 Scranton, PA 18505</p> <p>Dental Benefits DentaQuest 1-800-698-9611</p>
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What will remain the same:

- Electronic submission of claims, payor IDs for EDI claims submissions
- Submission of claims through the HealthLINK portal
- Existing process, address or fax number for electronic or paper submission of clinical appeal Web portal/electronic submission of payment disputes and clinical appeals through HealthLink will follow the same process for providers and be routed appropriately internally
- Fax number for paper submission of Priority Partners and EHP payment disputes

During the Transition:

Claim Submissions

- **EDI Submissions:**
 - No change to payor IDs
 - Inpatient claims submitted electronically do not need to be split. Inpatient claims will be processed based on admit date. Availity will be routing claims as necessary.
 - Interim inpatient claims billed for inpatient stay with admit date prior to the cutover should be submitted under the old member ID#
 - EDI claims need to be split by date of service for outpatient claims or claims for professional services provided during an inpatient stay.
 - If a member is in ER [POS 23] and/or outpatient/observation [POS 22] over the cutoff period [midnight], provider [facility] should bill using Bill Type 131 [Outpatient Admit to Discharge], which is similar to our Inpatient logic to use Admit date prior to cutoff. All other outpatient services would be split by date of service.
 - Authorization information will be carried over to Facets system.

- Authorization numbers will be valid on both claims if a date span requires a split claim. Authorization numbers in MC400 will be transitioned into Facets, the number will remain the same. JHHC will transfer unused units on existing authorization to Facets as available units.
- Claims cannot be faxed after the migration.
- After the transition, the option to view the remittance will still be available in HealthLINK for Priority Partners and EHP.
- There will not be a crosswalk of member ID numbers in HealthLink; new member ID numbers will be available in HealthLink after the transition
- **Paper Submissions**
 - **Inpatient Claims**
 - If admit date is prior to 9/1 for PPMCO, 12/1 for EHP and ElderPlus, submit claims to current claims PO Box
 - If admit date is on or after 9/1 for PPMCO, 12/1 for EHP and ElderPlus, submit claims to new PO Box
 - **Outpatient/Professional Claims**
 - DOS prior to 9/1 for PPMCO, 12/1 for EHP and ElderPlus– submit claims to current claims PO Box
 - DOS on or after 9/1 for PPMCO, 12/1 for EHP and ElderPlus – submit claims to new PO Box
 - Providers will receive two remits; one for DOS prior to 9/1 for PPMCO, 12/1 for EHP and ElderPlus and one for DOS after 9/1 for PPMCO. 12/1 for EHP and ElderPlus
- **Payment Disputes**
 - **Paper Submissions:**
No change; send to Johns Hopkins Healthcare LLC Attn: Adjustments Department 7231 Parkway Dr, Ste.100 Hanover, MD 21076 or Fax: 410-424-2800 for PPMCO and EHP. For ElderPlus follow process per ElderPlus Provider Manual.
- **Web Portal Submissions**
 - No change to process
- **Customer Service**
 - Providers will call the existing Customer Service numbers and follow the prompts.