PROVIDER pulse

Johns Hopkins HealthCare Provider Newsletter

WINTER 2021

3 Benefits and Plan Changes

5 Quality Care

8 Pharmacy

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

"Winter passes and one remembers one's perseverance."
—*Yoko Ono*

A new year is a time of renewal and commitment and the first quarter of 2021 finds Johns Hopkins HealthCare working diligently to implement the new benefits, policies and procedures that became effective in January and February, as well as gearing up for corporate initiatives and projects that we will introduce later in the year.

In this issue, you will find information on 2021 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.

We've also added a new section—Coding—where our coding pros give tips and reminders on how to navigate the intricate world of medical coding.

As we close in on a full year of coping with the COVID-19 pandemic, we want to thank you for your commitment to high-quality medical services during these challenging times. Your continued efforts and partnership with JHHC inestimably enhance the health of our members.

–Editor, Provider Pulse

// POLICIES AND PROCEDURES

New Utilization Management Department Fax Numbers for USFHP

To improve workflows, expedite requests, and adhere to security requirements, the Utilization Management (UM) department has dedicated separate fax numbers exclusively to our USFHP line of business. Providers must use these new fax numbers for all USFHP requests*as of February 15, 2021.

The new fax numbers for USFHP are:

- USFHP Inpatient: 410-424-2602
- USFHP Outpatient: 410-424-2603

Please be aware that if providers send faxes to any other numbers in UM, they will receive a return fax notifying them of the correct numbers for USFHP and that their request needs to be re-faxed.

***USFHP providers cannot access the UM department's Urgent Outpatient Request fax number (410-424-2707). They can only use the new USFHP fax numbers bulleted above.**

NOTE: These are **new** fax numbers for USFHP only. Existing fax numbers for our other lines of business remain unchanged and are fully operational. As a reminder, these fax numbers are listed below:

Priority Partners/EHP:

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

Advantage MD:

- Inpatient: 844-240-1864
- Outpatient: 855-704-5296

Update to USFHP Low Back Pain Imaging Policy

To comply with a recent Tricare policy update, USFHP will exclude (not cover) all imaging, including x-ray, ultrasound, CT scan and MRI, for acute low back pain (ICD-10 M54.5) within six weeks of the onset of symptoms and in the absence of clinical warning signs ("red flags") indicating an underlying cause from patient history and/or physical exam.

This policy applies to dates of service on or after April 15, 2021.

Clinical Warning Signs/Red Flags Are as Follows:

- Possible fracture, such as from a major trauma, or a more minor trauma in older or potentially osteoporotic patients; history of osteoporosis; chronic steroid use.
- Possible tumor, cancer, or infection, as evidenced by: a history of cancer; a history of intravenous drug use; fevers, chills, or unexplained weight loss; or immune suppression.
- Possible cauda equina syndrome, as evidenced by: bowel or bladder dysfunction; or saddle anesthesia (loss of sensation in the buttocks, perineum, and inner surfaces of the thighs).
- Major motor weakness.
- Progressive neurological symptoms.

To ensure accurate claim adjudication, claims should include all relevant and accurate diagnosis codes, including "history of" diagnosis codes (if applicable), and the completion of Block 14 of the CMS 1500 claim form, "Date of Current Illness, Injury or Pregnancy."

New Procedure for Reporting Fraud, Waste and Abuse

JHHC's Payment Integrity department would like to inform you of new information processes for reporting Fraud Waste Abuse (FWA).

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, 7231 Parkway Drive, Suite 100, Hanover, MD 21076

Phone: 410-424-4971

Fax: 410-424-2708

Email: FWA@jhhc.com

CMS Interoperability Project Gets Underway

As part of the former President Trump Administration's MyHealthEData initiative, the Interoperability and Patient Access final rule (CMS-9115-F) is focused on driving interoperability and patient access to health information. It liberates patient data using CMS authority to regulate certain health plan issuers on the Federally-facilitated Exchanges (FFEs).

This rule finalizes new policies that give patients access to their health information and moves the health care system toward greater interoperability. These new policies include:

- Patient Access Application Programming Interface (API) (applicable January 1, 2021, enforced July 1, 2021)
- Provider Directory API (applicable January 1, 2021, enforced July 1, 2021)
- Payer-to-Payer Data Exchange (applicable January 1, 2022)

Johns Hopkins HealthCare will comply with the CMS Interoperability rule and will make the Provider Directory API available in March and the Patient Access API available in April. At this time, the data will only be available for Johns Hopkins Advantage MD and Priority Partners members.

// BENEFITS AND PLAN CHANGES

Digital Diabetes Prevention and Management Program Debuts

Johns Hopkins HealthCare Solutions is pleased to announce Jasper, a new digital diabetes prevention and management program that will begin rollout in early 2021. The program will be available to members of Johns Hopkins US Family Health Plan, Johns Hopkins Advantage MD and Priority Partners. Jasper replaces act2 and DECIDE, the diabetes prevention and management programs previously offered to JHHC members.

Jasper uses lifestyle questionnaires to assess each member's needs and deliver educational content, guidance, and tools to live a healthier lifestyle. Jasper's holistic approach to care includes live chat and video calls with a personal coach and integration with tracking devices for logging physical activity, sleep, weight and calories.

Jasper is one program with two pathways—one for diabetes prevention and another for diabetes management. Whether members are learning how to live with a diabetes diagnosis, or are trying to prevent the onset of diabetes, Jasper can support their needs. In addition to coaching, Jasper provides exciting and timely new educational content, interactive features, and access via web, tablet and mobile devices.

We will share more information on Jasper in the coming weeks.

Johns Hopkins OnDemand Virtual Care Added to Member Care Options

Beginning with the 2021 benefit year, Advantage MD, USFHP, and EHP* members have had a new option for accessing care via telemedicine. Johns Hopkins OnDemand Virtual Care (powered by Teladoc) will give members access to an urgent care medical visit 24/7 from the comfort of their home, or anywhere they may travel in the United States. JHHC encourages members to utilize their primary care provider when possible, but Johns Hopkins OnDemand Virtual Care will be an alternative option to quickly access needed care.

- The Johns Hopkins OnDemand Virtual Care service is as an online telemedicine platform for both adult and pediatric patients. It is available to members through mobile app, computer or tablet.
    - » The service is intended for minor care concerns that don't require lab work, such as colds, rashes and pinkeye.
    - » The service is not for medical emergencies. If a patient is experiencing a medical emergency, they should call 911 or go to the nearest emergency room.

OnDemand Virtual Care Process

- Johns Hopkins providers will staff the platform and attempt to perform the virtual visit with the member first. If a Johns Hopkins provider is not available, or if the member is located in a state where the Johns Hopkins provider is not licensed, then a Teladoc-employed provider will see the member virtually.
- The health care provider will join via secure video or phone 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 network pharmacy.
- Telemedicine providers will refer members back to their PCP for follow-up care.

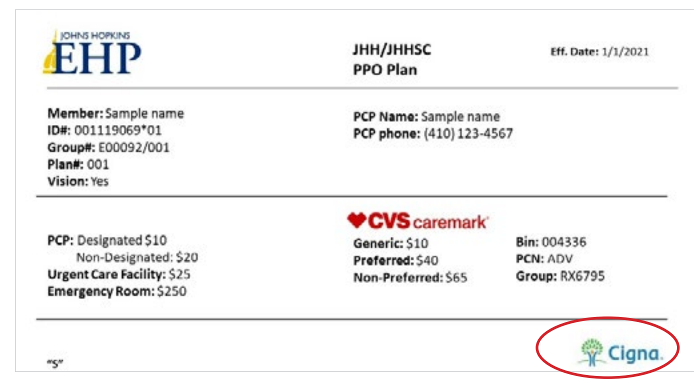
Please note: Members can use their PCP's telemedicine services, but they cannot request to see their PCP through the Johns Hopkins OnDemand Virtual Care program.

***Members of the Anne Arundel Health System enrolled in EHP plans will not have access to JH OnDemand Virtual Care.**

Cigna PPO Providing National Network for Johns Hopkins EHP

EHP members gained access to the Cigna PPO Network for medical coverage in and out of Maryland as a secondary network on January 1, 2021. The Cigna PPO network replaced the MultiPlan wrap network for EHP members. EHP contracts take precedent over Cigna contracts for providers contracted in both networks.

- Cigna PPO network providers are considered in-network providers for EHP members.
    - » Maryland providers are included in the Cigna PPO network for all EHP plans.
    - » Providers in the Cigna PPO network are contracted in all U.S. states.
- The Cigna PPO network is for medical services only.
    - » Routine vision and dental providers are excluded.
    - » Telemedicine medical services from providers in the Cigna PPO network are covered.
- Pharmacy coverage is not affected by the network change.
    - » Members can search for EHP and Cigna PPO providers using this link on the EHP website: ehp.org/plan-benefits/medical-care-network.
    - » EHP providers and members should not call the Cigna PPO Customer Service department directly. They must call EHP Customer Service at 800-261-2393 for assistance.
- JHHC's Continuity of Care policy will be honored for members currently undergoing a procedure/treatment plan with a provider who is part of the MultiPlan network and was not with Cigna as of Jan. 1, 2021. The member and/or provider should file for a continuity of care request.
    - » Any claim received for services in 2020 will be honored by MultiPlan as the runout period is for 12 months.
- The EHP member ID card reflects the 2021 changes:



// QUALITY CARE

Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Member Perception Survey

It is that time of the year – member perception surveys are about to begin!

What?

The CAHPS survey is a standardized tool used to assess the perception (i.e., experiences and satisfaction) that JHHC members hold as it relates to their health plan and healthcare providers. This survey is an objective and meaningful comparison between health plans on the quality domains that are important to consumers, but otherwise difficult to quantify. The survey is similar to the Clinical & Group Consumer Assessment of Healthcare Providers and Systems (CG-CAHPS) survey designed for physicians and in fact, many questions such as timely appointments and care communication skills share the same narrative.

The member perception results captured in the CAHPS survey also play a critical role in the health plan Quality Ratings program such as the Medicare Star Ratings Program as well as in the National Committee for Quality Assurance's (NCQA's) Health Plan Accreditation (HPA) Star Ratings, a gold standard for demonstrating high quality performance for health plans.

Who?

A NCQA and Centers for Medicare & Medicaid Services (CMS) certified vendor, contracted with the health plan conducts the CAHPS surveys for Employer Health Plan (EHP) and Uniformed Services Family Health Plan (USFHP) members as well as the Medicare CAHPS survey for Advantage MD. The CAHPS survey for Priority Partners Managed Care Organization (PPMCO), a Medicaid product, is facilitated by the Maryland Department of Health (MDH) through a certified vendor, the Center for the Study of Services (CSS).

The survey is sent to a randomly selected de-identified membership cohort and can be completed by mail, phone, computer-assisted telephone interview (CATI) and in the case of EHP members only, can be completed online.

When?

The 2021 CAHPS surveys are scheduled to be mailed to a randomly selected de-identified membership cohort in **early March** with survey phone lines opening shortly thereafter. Please encourage your patients to participate in the survey if they receive the survey questionnaire. We appreciate your commitment to delivering the highest quality care to our members.

Why?

Results from the CAHPS surveys help us, at JHHC, to prioritize opportunities to enhance the experiences of our members, and your patients, as they access care. A common theme identified across the different JHHC plans highlights an opportunity to improve access to care, especially, during the ongoing COVID-19 public health emergency (PHE). Please consider leveraging telehealth to alleviate some of these concerns.

Collaboration Opportunities and Accomplishments based on 2020 CAHPS surveys:

Advantage MD: Medicare Advantage Product (Health Maintenance Organization (HMO) and Preferred Provider Organization (PPO))

CAHPS survey measures were weighted double (2X) in 2020 and will be weighted quadruple (4X) in 2021, accounting for 32% of the overall Star Ratings.

JHHC-Provider Improvement Focus: The last round survey indicates access to care was the top member concern as demonstrated by the performance on the "Getting Needed Care" and "Getting Appointments and Care Quickly" CAHPS measures. In 2021, Advantage MD along with provider partners is focused on improving access to care, coordination of care as well as improving overall healthcare quality.

Accomplishments: In 2020, Advantage MD members felt that their personal doctor explained things well, listened, showed them respect, and followed up to give test results in a timely manner.

EHP: A Commercial Employer Product (Point of Service (POS)) The CAHPS forms an integral component of the HPA Star Ratings that consumers use to guide them during the annual election period to elect their health coverage. EHP is a NCQA accredited health plan with a current rating of 3.5 Stars.

JHHC-Provider Improvement Focus: In 2021, EHP along with provider partners is focused on improving access to care. EHP members expressed that their personal doctor could have been more informed and up-to-date about the care they received previously from other health providers.

Accomplishments: In 2020, EHP showed improvements in how members rated the specialist they see most often, as well as how their personal doctor explained things, listened, and showed them respect.

USFHP: A TRICARE Prime Product (HMO)
The CAHPS forms an integral component of the HPA Star Ratings that consumers use to guide them during the annual election period to elect their health coverage. USFHP is a NCQA accredited high performing health plan with a current rating of 4.5 Stars.

JHHC-Provider Improvement Focus: In 2021, USFHP along with provider partners is focused on improving discussions and strategies around smoking cessation including medications support.

Accomplishments: In 2020, USFHP members rated their health plan and overall healthcare quality as excellent. Although USFHP performed well in the CAHPS survey, we continue to work to maintain a level of excellence.

PPMCO: A Medicaid Product (HMO)
The CAHPS form an integral component of the HPA Star Ratings that consumers use to guide them during the annual election period to elect their health coverage. PPMCO is a NCQA accredited health plan, as required by the State of Maryland, with a current rating of 3.5 Stars.

JHHC-Provider Improvement Focus: In 2021, PPMCO along with provider partners is focused on improving access to care as measured by the "Getting Needed Care" and "Getting Appointments and Care Quickly measures" measures.

Accomplishments: In 2020, PPMCO showed improvements in how members rated their personal doctors and the specialists they see most often. PPMCO members also felt that their personal doctor was informed and up-to-date about the care they received previously from other health providers.

Tips to improve the member experience and build a trusting doctor-patient relationship:

You can collaborate with us to accomplish exceptional member experience goals with the following tips:

1. Familiarize yourself with the member survey questions. Use this link to see what survey questions will be included in the 2021 CAHPS surveys: **https://www.ahrq.gov/cahps/surveys-guidance/hp/index.html**
2. Ensure your office (front and back end) and clinical support staff are trained to treat every patient with respect and compassion, and that they provide the highest possible standard of customer service, every time and in every interaction. Inform them how their actions influence the overall quality of the patients experience
3. Always be on time – physicians who start on time are more likely to run on time; this will also set the example for your staff and the entire care team
4. Manage patient expectations, e.g., help patients understand what to expect before and after their visit in terms of the needed tests and test results, follow-ups, etc.
5. Listen with your eyes, making eye contact especially during the first few minutes of the visit and for new patients – the most common complaint from members is my doctor was focused more on a computer screen than me
6. As we wrap-up a year of the ongoing COVID-19 PHE, consider checking-in on your patients by leveraging telehealth visits, which are covered by a majority of the JHHC health plan products
7. Leverage health plan-offered tools and programs to improve patient experience and achieve better outcomes

For more information, please visit:

1. CMS Medicare Star Ratings performance webpage at: **https://www.cms.gov/medicare/prescription-drug-coverage/prescriptiondrugcovgenin/performancedata**
2. NCQA's Health Plan Ratings (HPRs) webpage at: **https://healthinsuranceratings.ncqa.org/**

Medicare Annual Wellness Visit (AWV) Promotes Senior Patient Engagement

Medicare AWV is not necessarily the first thought when it comes to a patient engagement tool for our seniors. As we progress through 2021 and with the ongoing COVID-19 public health emergency in-effect, AWV can serve as an excellent opportunity to check in with your senior patients and start holistic health and wellness conversations.

AWV is an annual covered benefit (one-time every year) for Medicare Advantage HMO and PPO products offered by the Johns Hopkins HealthCare's Advantage MD. This visit, now includes telehealth capability, can help with building trusting bonds between patient and provider while addressing their overarching health needs – preventive care, chronic condition management, mental health needs, among others.

Tips for optimizing your patient's experience during the AWV:

- Ensure easy scheduling access; offer telehealth as a convenient option.

- Focus on key components of AWV that can help with care gap closure and delivering a meaningful patient experience:
  - » Encourage pre-visit completion of the Health Risk Assessment (HRA)
  - » Complete medication review during the visit – a pharmacist or a nurse can even complete this review
  - » Complete cognitive and emotional health screenings such as Patient Health Questionnaires (PHQs)
  - » Conduct assessment of functional ability such as Activities of Daily Living (ADLs) and safety such as fall risk and hearing impairment
  - » Complete health counseling on topics like fall prevention, incontinence, physical activity and more
  - » Complete medical and family history – encourage scheduling/ providing necessary scripts for preventive screening such as colorectal cancer screening, breast cancer screening, immunizations such as Flu/Pneumonia/Shingles among others.
  - » Complete advance care planning
- Consider combining the AWV with the whole health assessment or WHA (and capture risk codes - HCCs) to maximize the impact of the visit.

To receive the credit and reimbursement, use correct coding for AWV.

- G0438 - Initial Annual Wellness Visit
- G0439 - Subsequent Annual Wellness Visit
- G0468 – for FQHC bundled visit; Initial and Subsequent AWV with other approved services
- G0438-GT - Initial Annual Wellness Visit via Telehealth
- G0439-GT - Subsequent Annual Wellness Visit via Telehealth

Small Step Big Change: Engage and empower your patients with a visit that focuses on them and their holistic health and wellness needs for a healthier 2021.

Familiarize Yourself with Member Rights and Responsibilities

As a dedicated provider for JHHC provider network, you are entrusted with certain rights and responsibilities. The same goes for our members. Take a moment to acquaint yourself with member rights and responsibilities and how you can uphold and support them.

Members have the right to:

- Be treated with dignity and respect at all times.
- Be protected from discrimination.
- Have their personal and health information kept private.
- Get information in a way they understand from health care providers, and contractors.
- Get clear and simple information to help them make health care decisions.
- Have their questions about answered.
- Have access to doctors, specialists, and hospitals.
- Learn about their treatment choices in clear language they can understand, and participate in treatment decisions.
- Get health care services in a language they understand and in a culturally sensitive way.
- Get emergency care when and where they need it.
- Get a decision about health care payment, coverage of services, or prescription drug coverage.
- Request a review (appeal) of certain decisions about health care payment, coverage of services, or prescription drug coverage.
- File complaints (sometimes called "grievances"), including complaints about the quality of their care.
- Choose health care providers within the plan, so they can get the health care needed.
- Get a treatment plan from their doctor.
- Know how their doctors are paid.
- Request an appeal to resolve differences with their plan.
- File a complaint (called a "grievance") about other concerns or problems with their plan.
- Get a coverage decision or coverage information from their plan before getting services. Before members get an item, service, or supply, they can call your plan to find out if it will be covered or get information about their coverage rules. They can also call their plan if they have questions about home health care rights and protections. The plan must tell them if they ask.

Members have the responsibility to:

- **Get familiar with their covered services and the rules they must follow to get these covered services.** The Evidence of Coverage booklet details what is covered for members and the rules they need to follow to get their covered services.

- **Tell their doctor and other health care providers that they are enrolled in our plan.** Show their plan membership card whenever they get their medical care or prescription drugs.

// CLAIMS AND BILLING

Helping Priority Partners Strengthen the Maternity/Newborn Billing Process

As you know, maternity is a self- referral service for Medicaid members; however, all inpatient stays require preauthorization for labor and delivery. Receiving the authorization request allows Priority Partners to bill the state in a timely manner. This is a gentle reminder about the importance of submitting authorizations for the mom's delivery.

In addition, Priority Partners providers must submit the Newborn Notification Request Form for delivery authorizations. The Newborn Notification Request Form and the Newborn Notification Request Instruction Sheet. This forms can be found in the Forms section of the JHHC website under "Resources and Guidelines."

JHHC Expands Claims Payment Integrity Solutions

In continuation of our efforts to proactively ensure proper payment to providers, Johns Hopkins HealthCare LLC (JHHC) has expanded our post-payment Payment Integrity solutions for Johns Hopkins Advantage MD, Johns Hopkins EHP, Priority Partners and Johns Hopkins USFHP.

These efforts will help to ensure claims are billed and paid in accordance with regulatory requirements, CMS billing guidelines, provider contracts, and JHHC reimbursement policies.

Please note that JHHC now offers details on claims adjudication, including reasons for adjustments, on HealthLINK – our secure, online web portal for JHHC members and their in-network providers. Providers can conveniently access information including status of submitted claims, reasons for adjustments on previously paid claims, and additional detail related to claims disposition. This information is also available on the Explanation of Payment supplied to providers.

Provider Appeal Submission Form Now on HealthLink

As part of our continued effort to streamline processes and further efficiency and convenience for our providers, Johns Hopkins HealthCare LLC (JHHC) now offers the Provider Appeal Submission Form on HealthLINK, the secure, online web portal for JHHC members and their in-network providers.

The appeal form can be found under "References" on the HealthLINK home page. From the drop-down menu, select the "Provider Appeal Submission Form."

Instructions on how to use the web version of the Provider Appeal Submission Form for EHP, PP and USFHP are available on the JHHC Provider Education webpage (scroll down to the "HealthLINK Job Aids" section) and within HealthLINK.

Please note: The Provider Appeal Submission Form is still accessible for download on jhhc.com in the Communications Repository section under Forms, and can still be mailed or faxed in at this time, in addition to the new web version of the form on HealthLINK.

NOTE: The Provider Appeal Submission Form on HealthLINK applies to EHP, Priority Partners and USFHP in-network provider appeals only. This enhancement does not pertain to JH Advantage MD at this time. The current JH Advantage MD Participating Provider Post Service Payment Dispute Submission Form should still be mailed or faxed in to submit JH Advantage MD appeal/payment disputes.

// 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

Announcing Partnership with Novologix, to Provide Pharmacy Authorization Services for Medical Injectables

JHHC is pleased to announce its partnership with Novologix, a software platform tool from CVS Health for pharmacy authorizations (PA). The collaboration with Novologix is expected to become effective in the second quarter of 2021 and will apply to Advantage MD, Johns Hopkins EHP and Priority Partners lines of business.

Medical injectable drugs are administered by our providers in an office setting or outpatient facility. Currently, there is no prior authorization process in place for injectable drugs for Advantage MD and EHP and the process for Priority Partners is a manual one. The partnership with Novologix will add uniformity and simplify the process for required authorizations concerning the use of these high-cost drugs.

To access Novologix, providers will log on to HealthLINK and navigate to the Novologix portal's home page. The home page will contain a queue of PA documents in need of approval. Through Novologix, Providers can:

- Check eligibility
- Enter information
- Submit PAs

More information on the JHHC-Novologix partnership and training opportunities are forthcoming via Provider Updates and the Spring edition of this newsletter.

Priority Partners and US Family Health Plan Add New Provider-Administered Medications to Prior Authorization Requirements

Effective April 1, 2021, Johns Hopkins HealthCare LLC will require prior authorization to determine medical necessity for the following provider-administered medications. Some codes may also require site of service (site of care) prior authorization. Codes that do not have this additional site of service requirement are annotated (impacted procedure codes are listed below). This new requirement affects members of all ages.

Prior authorizations are required as of April 1, 2021 for:

Drug Name	Procedure Code	Priority Partners	USFHP
Givlaari®	J0223*	Yes	Yes
Ruxience®	Q5119	Yes	No
Ziextenzo®	Q5120*	Yes	Yes
Avsola®	Q5121	Yes	Yes
Xembify®	J1558	Yes	Yes
Vyepti®	J3032	Yes	Yes
Asceniv®	J1554	Yes	Yes

*NOTE: This code requires medical necessity authorization only (not site of service).

- **For Priority Partners:** Submit medical injectable prior authorization requests for Priority Partners members using the PPMCO Medical Injectable Prior Authorization Form along with clinical supporting documentation, via fax to the JHHC Pharmacy department at 410-424-2801.

  A complete list of the HCPCS codes for all specialty medications that require prior authorization is available on Priority Partners website.

- **For USFHP:** Submit medical injectable prior authorization requests for USFHP members using the USFHP Medical Injectable Prior Authorization Form, along with clinical supporting documentation, via fax to the **JHHC Pharmacy department at 410-424-2801.**

  A complete list of the HCPCS codes for all specialty medications that require prior authorization is available on USFHP website.

Extension of Coverage and Prior Authorization Requirements for Certain Provider-Administered Medications for Priority Partners

On January 1, 2021, the following provider-administered medications were converted to coverage through Priority Partners instead of through the Maryland Department of Health (MDH), and now require prior authorization to determine medical necessity. These new requirements impact Priority Partners members of all ages.

Prior authorizations are required as of January 1, 2021 for:

- The spinal muscular atrophy drug Zolgensma®
- The medical injectable drugs Cinryze® and Spinraza®

Prior Authorization Process

For prior authorization requests, submit the **Medical Injectable Prior Authorization** form along with clinical supporting documentation via fax to 410-424-2801.

NOTE: **A complete list of the HCPCS Codes** for all specialty medications that require prior authorization is available on our website.

For more information, please see MDH transmittal **PT 22-21** and MDH transmittal **PT 25-21**.

// CODING

Reminder of CMS Annual Resets for Certain Codes

Just a reminder that CMS resets all health conditions and status codes annually. Providers may want to review conditions and status codes via claims at least once per year to ensure proper coding and documentation has been captured in the member's medical record.

Conditions that are commonly under-reported and or miscoded include:

- COPD/Emphysema
- Diabetes w/ manifestations
- Major Depression versus Depression
- Alcohol Abuse versus Alcohol Dependence
- Vascular Disease – Atherosclerosis or PVD
- Specified Renal Disease (Chronicity (Acute/Chronic)/ Stage (I-V and/or ESRD)
- Seizures – Epilepsy and Recurrent Seizures
- Co-existing acute conditions, such as Protein Calorie Malnutrition

It is also important to document common status conditions. Examples include:

- Transplants
- Dialysis
- Paraplegia and Quadriplegia
- Amputations
- AIDS or HIV+ status
- Chronic debilitating conditions such as:
  - » MS, ALS, Huntington's Disease, Myasthenia
- Ostomies (respiration, feeding, or elimination)
- Ventilators

// REMINDERS

Provider Information Updates and Changes

If there are any demographic and/or **PCP panel (open/closed) status changes** in your practice or facility, you are required to notify the Johns Hopkins Provider Relations department by email at **ProviderChanges@jhhc.com**. This email box is monitored frequently to collect and process all provider changes.

Reminder of USFHP Appointment Standards

JHHC would like to take this opportunity to recap our standards for primary care and specialty care appointments for USFHP providers.

Primary Care Appointments:

- Health assessment—not to exceed 4 weeks
- Routine visit—not to exceed 1 week
- Urgent visit—not to exceed 24 hours

Specialty Care Appointments

- Access determined by PCP based on nature of care required
- Wait time should not exceed 4 weeks
- Travel time should be no longer than 1 hour or 60 miles

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

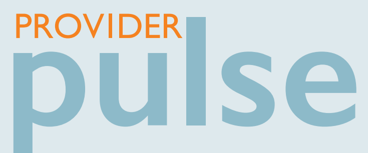
Performance Improvement/Risk Management
410-338-3610

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.

PRPULSE10-Winter 2021



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