

Johns Hopkins Advantage MD 2024 HMO & PPO Plans

Presented by:

Johns Hopkins Health Plans Provider Relations Department

MISI141W12202023

Agenda

- Our Mission
- Advantage MD Overview
- Advantage MD – Service Area, Medical Benefit Overview
- Advantage MD Product Overview – **New Product Advantage MD Select (HMO)**
- Advantage MD Product Overview – HMO
- Advantage MD Product Overview – PPO
- Advantage MD Supplemental Benefits, New in 2024 and Vendor Partnerships
- Advantage MD Dental and Vision Coverage
- Requirements, Processes and Important Information for all Advantage MD Plans
- Health Care Performance Measures
- Johns Hopkins Health Plans Website and Contact Info

Our Mission

- Our mission is to improve the health of our members and provide them with high quality service and care.
- Provider office staff and physicians play a critical role in the member's experience with our plan.
- With our provider partners, we aim to deliver world-class health care to our members while helping them to navigate the health care continuum.
- Additional details can be found in the Advantage MD [Provider Manual](https://www.hopkinsmedicine.org/-/media/johns-hopkins-health-plans/documents/amd/amd_provider_manual.pdf) at https://www.hopkinsmedicine.org/-/media/johns-hopkins-health-plans/documents/amd/amd_provider_manual.pdf

Advantage MD Product Overview

Advantage MD Service Area



- Maryland:**
- Anne Arundel County**
 - Baltimore County**
 - Carroll County**
 - Frederick County**
 - Howard County**
 - Montgomery County**
 - Somerset County**
 - Washington County**
 - Wicomico County**
 - Worcester County**

Virginia: Fairfax, Falls Church and Arlington County

Medical Benefit Overview

- Our plans cover all services covered under Original Medicare.
- We also offer benefits beyond Original Medicare:
 - Preventive dental, routine vision, routine podiatry, hearing exam and low-cost hearing aids
 - Our PPO Plus, Premier, Primary and Group plans offer acupuncture coverage, fitness, routine chiropractic services, worldwide emergency and urgent coverage.
 - Our HMO, HMO Select, HMO Tribute, PPO, PPO Plus, PPO Premier and PPO Primary plans have dental and fitness benefits.
 - Our HMO plans offer post-discharge meal services to members who have been discharged from an inpatient or skilled nursing facility (SNF) stay, coordinated by Johns Hopkins Health Services.

Virginia Expansion - New Product for 2024
Advantage MD Select (HMO)



Fairfax, Falls Church and Arlington County

Advantage MD Select (HMO)

Medical Benefit Overview

- Our plans cover all services covered under Original Medicare.
- We also offer benefits beyond Original Medicare:
 - Preventive dental, routine vision, routine podiatry, hearing exam and low-cost hearing aids
 - Our HMO Select plan has dental and fitness benefits.
 - Our HMO Select plan offers post-discharge meal services to members who have been discharged from an inpatient or skilled nursing facility (SNF) stay, coordinated by Johns Hopkins Health Plans services.

HMO Plan

HMO Select

- Primary care physician (PCP) coordinates all care for the member.
- All care must be within the plan network (no out-of-network coverage), unless in an emergency situation.
- Lower out-of-pocket costs
- Monthly premiums are lower than PPO plans.
- Referrals are required for specialty care only; please provide a copy to the patient and submit to Johns Hopkins Health Plans.

Advantage MD Select (HMO)

Member Benefits

- Fitness Programs
- 24/7 Nurse-advice Services
- Transportation
- Vision & Hearing
- Over-the-Counter (OTC) Medication Catalog
- Home Meals Delivery
- Prescription Drug Support
- Dental Care – Preventative & Comprehensive Dental



Vendor Partnership: Roundtrip

Roundtrip

Available to HMO Select Members

- Round Trip is a transportation company that offers health related rides to our members.
- 24 one-way trips will be available for members to get rides to doctors appointments, pick up pharmacy prescriptions, etc.



Advantage MD Select (HMO) Benefit Highlights

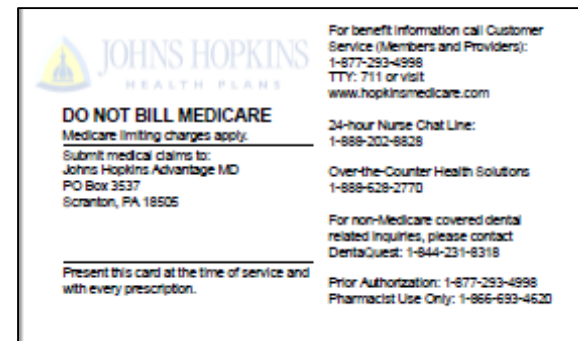
Premium: \$0

Category	Benefit	Category	Benefit
PCP	\$0	Medication Refill	100 days –Tier 1 Only 90 days – Tiers 2-4 30 days – Tier 5
Urgent Care	\$55		
Specialist	\$40		
Preventive Dental (DentaQuest)	2 Cleanings per year	RX	\$0 Tier 1 \$10 Tier 2 \$47 Tier 3 \$100 Tier 4 33% Tier 5
Comprehensive Dental (DentaQuest)	\$2,500 Annual Max		
Vision (Superior Vision)	\$400/ yr (Eyewear)	RX Deductible	Annual Deductible \$0
Transportation (RoundTrip)	24 one way trips	Silver & Fit Fitness	\$0 Annual Member Fee (Included in plan)
Over-the-Counter	\$150/ quarter	Hearing Aid (TruHearing)	\$399 - \$699 copay per aid per ear

Advantage MD Select (HMO) Member ID Cards



Front






Back


HMO Plans

HMO, HMO Tribute

- Primary care physician (PCP) coordinates all care for the member.
- All care must be within the plan network (no out-of-network coverage), unless in an emergency situation.
- Lower out-of-pocket costs
- Monthly premiums are lower than PPO plans.
- Referrals are required for specialty care only; please provide a copy to the patient and submit to Johns Hopkins Health Plans.

Advantage MD HMO Member ID Cards

		Johns Hopkins Advantage MD (HMO)
Member Name <F_NAME M L_NAME>		Effective Date: <MEIA_REQ_DT>
Member ID: <SBSB_ID> Health Plan: H1225 001 PCP: <PRPR_NAME> Phone#: <PRAD_PHONE>		In-Network Office Visit Copay: <\$XX> Specialist Copay: <\$XX> Urgent Care Copay: <\$XX> ER Copay: <\$XX>
RxBIN: 004338 RxPCN: MEDDADV RxGRP: <MEMR_MCTR_RX_GROUP>		There are no out-of-network benefits. Members are fully liable for the cost of out-of-network services.
		

		For benefit information call Customer Service (Members and Providers): 1-877-293-4998 TTY: 711 or visit www.hopkinsmedicare.com
DO NOT BILL MEDICARE Medicare limiting charges apply. Submit medical claims to: Johns Hopkins Advantage MD PO Box 3537 Scranton, PA 18505		24-hour Nurse Chat Line: 1-888-202-8828 Over-the-Counter Health Solutions 1-888-628-2770
Present this card at the time of service and with every prescription.		For non-Medicare covered dental related inquiries, please contact DentaQuest: 1-844-231-8318 Prior Authorization: 1-877-293-4998 Pharmacist Use Only: 1-888-893-4620

PPO Plans

PPO, PPO Plus, PPO Premier, PPO Primary & Group

- Flexibility in choosing physicians and specialists
- Monthly premium higher than HMO plans
- No referrals needed, but higher out-of-pocket costs than HMOs
- Coverage outside of the plan network (cost sharing may be higher)
- Robust supplemental benefits with premium products

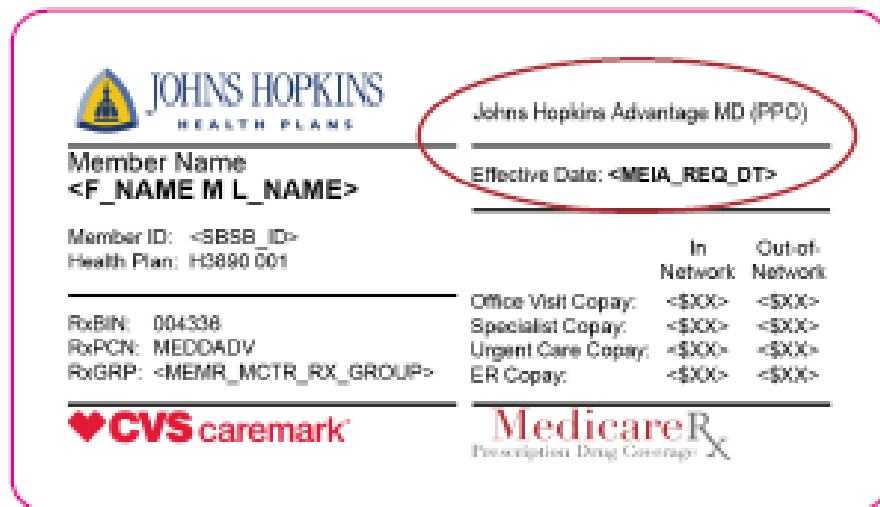
PPO 2024 Group Benefits

- The Group plan is available to eligible Johns Hopkins Health System retired employees and families who reside in Delaware, District of Columbia, Florida, Georgia, Maryland, North Carolina, South Carolina, and Virginia.

- **Plan Overview**

- Low monthly premium (\$175)
- Low in-network maximum out-of-pocket (\$300)
- Worldwide emergency and urgently needed services coverage (\$50,000 combined limit annually)
- Visitor/Traveler benefit (ability to reside outside of the service area less than 12 months, remain in plan and receive in-network cost sharing anywhere in the United States).
- Comprehensive dental coverage
- Routine podiatry and chiropractic services
- Acupuncture allowance

Advantage MD PPO Member ID Cards



JOHNS HOPKINS HEALTH PLANS

Johns Hopkins Advantage MD (PPO)

Member Name
<F_NAME M L_NAME>

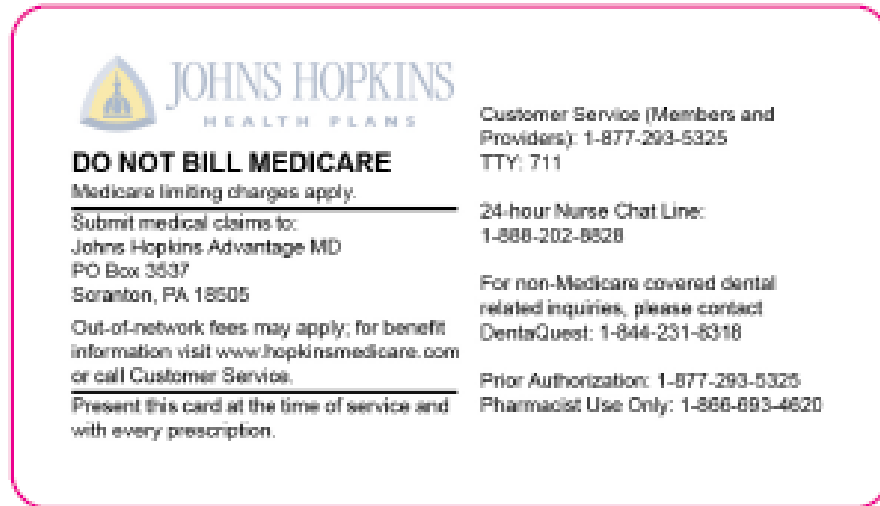
Effective Date: <MEIA_REQ_DT>

Member ID: <SB5B_ID>
Health Plan: H3880 001

	In Network	Out-of-Network
Office Visit Copay:	<\$XX>	<\$XX>
Specialist Copay:	<\$XX>	<\$XX>
Urgent Care Copay:	<\$XX>	<\$XX>
ER Copay:	<\$XX>	<\$XX>

RxBIN: 004338
RxPCN: MEDDADV
RxGRP: <MEMR_MCTR_RX_GROUP>

CVS caremark **MedicareRx**
Prescription Drug Coverage



JOHNS HOPKINS HEALTH PLANS

DO NOT BILL MEDICARE
Medicare limiting charges apply.

Submit medical claims to:
Johns Hopkins Advantage MD
PO Box 3637
Scranton, PA 18505

Out-of-network fees may apply; for benefit information visit www.hopkinsmedicare.com or call Customer Service.

Present this card at the time of service and with every prescription.

Customer Service (Members and Providers): 1-877-293-5325
TTY: 711

24-hour Nurse Chat Line:
1-888-202-8828

For non-Medicare covered dental related inquiries, please contact
DentaQuest: 1-844-231-8318

Prior Authorization: 1-877-293-5325
Pharmacist Use Only: 1-866-893-4620

Advantage MD Changes for 2024

Product Design Changes	HMO	HMO Tribute	PPO	PPO Plus	PPO Premier	PPO Primary
Premium	\$30 \$20	\$0	\$100 \$90	\$130 \$120	\$301 \$291	\$0
Inpatient Hospital Coverage	\$325 \$350 days 1 to 5	\$350 days 1 to 5	\$330 days 1 to 6	\$330 days 1 to 6	\$200 days 1 to 5	\$350 days 1 to 5
Inpatient Hospital (Mental Health)	\$325 \$350 days 1 to 5	\$350 days 1 to 5	\$330 days 1-6	\$330-1-5	\$250 days 1 to 5	\$350 days 1 to 5
PCP	\$0	\$20 \$0	\$5	\$0	\$0	\$0
Specialist	\$45	\$50	\$50	\$40	\$25	\$40
Urgent Care	\$50	\$40	\$40	\$40	\$40 \$20	\$50
Diagnostic Services/ Lab / Tests /Radiology	\$20	\$50	\$30	\$30	\$10 (Services and Lab)	\$20
Dental –Medicare covered dental services	\$20	\$0	\$20	\$15	\$0 Copay - IN	\$0
Dental –Oral Exam, Preventive Cleanings and X-ray(s)	\$20 Copay IN	\$0 Copay IN	\$20 Copay - IN 50% Coinsurance - OON	\$15 Copay - IN 30% Coinsurance - OON	\$0 Copay IN & OON	\$0

Advantage MD Changes for 2024

	HMO	HMO Tribute	PPO	PPO Plus	PPO Premier	PPO Primary	PPO Group
Premium	\$30 \$20	\$0	\$100 \$90	\$130 \$120	\$30+ \$291	\$0	\$175
MOOP	\$7,550 - IN	\$8,330 – IN	\$7,550 / \$11,300	\$7,550 / \$11,300	\$7,550 / \$11,300	\$7,550 / \$11,300	\$3,000 / \$10,000
Inpatient	\$325 \$350 days 1-5	\$350 days 1-5	\$330 days 1-6	\$330 days 1-6	\$200 Days 1-5	\$350 days 1-5	\$250 days 1-7
PCP	\$0	\$20	\$5	\$0	\$0	\$0	\$5
Specialist	\$45	\$50	\$50	\$40	\$25	\$40	\$30
Outpatient Hospital	\$300 (Outpatient) \$225 (ASC)	\$350 (Outpatient) \$250 (ASC)	\$300 (Outpatient) \$225 (ASC)	\$300 (Outpatient) \$225 (ASC)	\$300 (Outpatient) \$225 (ASC)	\$300 \$150 (Outpatient) \$225 \$100 (ASC)	\$300 (Outpatient) \$225 (ASC)
ER	\$90 \$100	\$95	\$90	\$90	\$90	\$95	\$90
Urgent Care	\$50	\$40	\$40	\$40	\$40	\$50	\$40
Supplemental Benefits	Podiatry Preventive Dental Hearing Vision Post-Discharge Meals Expanded Telehealth Silver&Fit Over-the-Counter (OTC) Transportation support	Full Dental Hearing Vision Expanded Telehealth Silver&Fit Transportation support	Podiatry Full Dental Hearing Vision Expanded Telehealth Visitor/Traveler Silver&Fit	Podiatry Preventive Dental Hearing Vision Chiropractic Acupuncture Expanded Telehealth Silver&Fit	Podiatry Chiropractic Acupuncture Full Dental Hearing Vision Silver&Fit Visitor / Traveler Expanded Telehealth	Full Dental Hearing Vision Silver&Fit Visitor / Traveler Expanded Telehealth	Podiatry Chiropractic Acupuncture Full Dental Hearing Vision Silver&Fit Visitor / Traveler Expanded Telehealth
RX	\$0/\$10/\$47/\$100/33 % No Deductible	N/A	\$4/\$12/\$47/\$100/33 % No Deductible	\$4/\$12/\$47/\$100/33 % No Deductible	\$0/\$10/\$40/\$90/33 % No Deductible	\$5/\$20/\$47/\$100/3 3% No Deductible	\$4/\$12/\$42/\$92/33 % No Deductible
Optional Rider	Comp Dental \$25 No Dental Waiting Period	-		Comp Dental \$25 No Dental Waiting Period	-	-	-

Advantage MD Product Differentiation

HMO

- **Premium \$20**
- MOOP \$7,550 IN
- Residents of Anne Arundel, Baltimore, Carroll, Frederick, Howard, Montgomery, Somerset, Washington, Wicomico, Worcester
- Low IN cost-sharing to reduce barriers to care
- Reduced some copayments to meet FFS schedule
- **Supplemental Benefits**
 - Preventive Dental
 - Vision Exam and Eyewear
 - Hearing Exam and Aids
 - Post-Discharge Meals
 - Expanded Telehealth
 - Silver&Fit
 - Over-the-Counter (OTC)
 - Transportation support

HMO Tribute

- **Premium \$0**
- MOOP \$6,400
- Residents of Anne Arundel, Baltimore, Frederick, Howard, Montgomery
- **Supplemental Benefits**
- Full Preventive & Comprehensive Dental
- Hearing
- Vision
- Expanded Telehealth
- Silver&Fit
- Transportation support

HMO DSNP

- **Premium \$0**
- MOOP \$7,550 IN
- Residents of Anne Arundel, Baltimore, Carroll, Frederick, Howard, Montgomery, Somerset, Washington, Wicomico, Worcester
- No Member cost share
- Dual Eligible
- **Supplemental Benefits**
 - Preventive Dental
 - Vision Exam and Eyewear
 - Hearing Exam and Aids
 - Post-Discharge Meals
 - Expanded Telehealth
 - Silver&Fit
 - Over-the-Counter (OTC)
 - Transportation support

PPO

- **Premium \$90**
- MOOP \$7,550 IN /\$11,300 OON
- Residents of Anne Arundel, Baltimore, Carroll, Frederick, Howard, Montgomery, Somerset, Washington, Wicomico, Worcester
- IN lower than OON cost-sharing
- Reduced some copayments to meet FFS schedule
- **Supplemental Benefits**
 - Preventive Dental
 - Vision Exam
 - Hearing Exam and Aids
 - Expanded Telehealth
 - Silver&Fit

Advantage MD Product Differentiation

PPO Plus

- **Premium \$120**
- MOOP \$7,550 IN /\$11,300 OON
- Residents of Anne Arundel, Baltimore, Carroll, Frederick, Howard, Somerset, Washington, Wicomico, Worcester
- IN lower than OON cost-sharing
- Reduced some copayments to meet FFS schedule
- **Supplemental Benefits**
 - Acupuncture
 - Chiropractic
 - Preventive Dental
 - Vision Exam and Eyewear
 - Hearing Exam and Aids
 - Silver&Fit
 - Worldwide ER and UC
 - Expanded Telehealth

PPO Premier

- **Premium \$291**
- MOOP \$7,550 IN /\$11,300 OON
- Residents of Montgomery County only
- IN and OON cost-sharing the same
- No to low cost-sharing on all benefits
- **Supplemental Benefits**
 - Acupuncture
 - Chiropractic
 - Full Preventive and Comprehensive Dental
 - Enhanced Vision
 - Enhanced Hearing
 - Silver&Fit
 - Worldwide ER and UC
 - Visitor / Traveler Benefit
 - Expanded Telehealth

PPO Primary

- **Premium \$0**
- MOOP \$7,550
- Deductible: \$800 per year
- Residents of Anne Arundel, Baltimore, Frederick, Howard, Montgomery
- **Supplemental Benefits**
 - Full Preventive & Comprehensive Dental
 - Hearing
 - Vision
 - Expanded Telehealth
 - Silver&Fit
 - Transportation support

Johns Hopkins Advantage MD

HMO D-SNP and Plan Overviews

Johns Hopkins Advantage MD D-SNP HMO

- Aligning with Johns Hopkins Health Plan's Mission and Vision, we expanded our Medicare benefit options to target the needs of the underserved dual eligible population by adding a Dual Special Needs Plan (D-SNP) called Johns Hopkins Advantage MD D-SNP HMO.
- The Centers for Medicare & Medicaid Services (CMS) **requires Provider Training for health plans** delivering coordinated care and care management to Special Needs Plan (SNP) beneficiaries. Please contact your Network Manager to find out more about online training opportunities for D-SNP.

SNP Plans: General Information

- Center for Medicare and Medicaid Services (CMS) Special Needs Plans (SNPs) are a specific type of Medicare Advantage coordinated care plan that provide targeted care to individuals with unique special needs.
- CMS defines 3 SNPs that serve the following types of members:
 - Individuals with chronic conditions (C-SNP)
 - Individuals who are institutionalized or eligible for nursing home care (I-SNP)
 - **Dually eligible members (D-SNP)**
- Medicare beneficiaries enrolled within SNP have customized benefit designs to meet the needs of the target population.
- SNPs have most of the same Medicare Advantage regulations, with some exceptions, and use the same payment methodology as other Medicare Advantage plans

SNP Plans: General Information (continued)

- SNPs were developed by CMS with the intention of enrolling targeted high-risk populations
- Some key differences between DSNP and standard Medicare Advantage include:
 - D-SNPs can limit enrollment to targeted special needs individuals
 - D-SNPs beneficiaries can enroll and dis-enroll at anytime throughout year. Beneficiaries must be eligible for Medicare and Medicaid
 - Approved Model of Care (MOC) required
 - Must offer Part D coverage

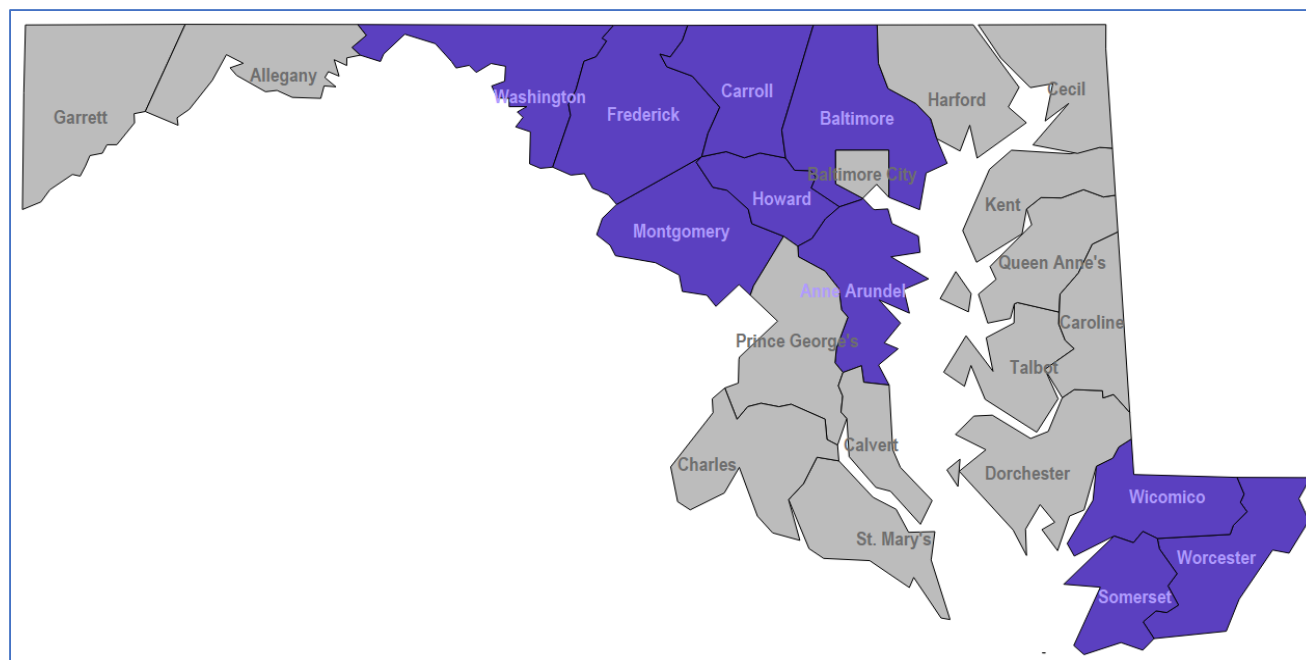
Dual Special Needs Members

- D-SNP members are those who are eligible for both Medicare and Medicaid (dual eligible).
 - Qualify for Medicare because of age (65 or older) or due to a disability.
 - Eligible for Medicaid because they meet the requirements to qualify for Medicaid in the State of Maryland.

Where Johns Hopkins Advantage MD D-SNP (HMO) Members Live

Johns Hopkins Health Plans offer D-SNP to beneficiaries in the following Maryland communities:

- Anne Arundel County
- Baltimore County*
- Carroll County*
- Frederick County*
- Howard County
- Montgomery County
- Somerset County*
- Washington County*
- Wicomico County*
- Worcester County*



- *Effective January 1, 2024

D-SNP Model of Care

- CMS requires D-SNP programs to develop a Model of Care (MOC) framework focusing on four areas- Population Analysis, Care Management, Provider Network, and Quality
- SNP programs must provide initial and annual training to health plan staff and providers.



POPULATION ANALYSIS

- Understanding social and healthcare needs of population



CARE MANAGEMENT

- Health Risk Assessments
- Individual Care Plans
- Interdisciplinary Care Team
- Transitions of Care
- Training staff



PROVIDER NETWORK

- Training and engaging providers
- Coordination with Care Team



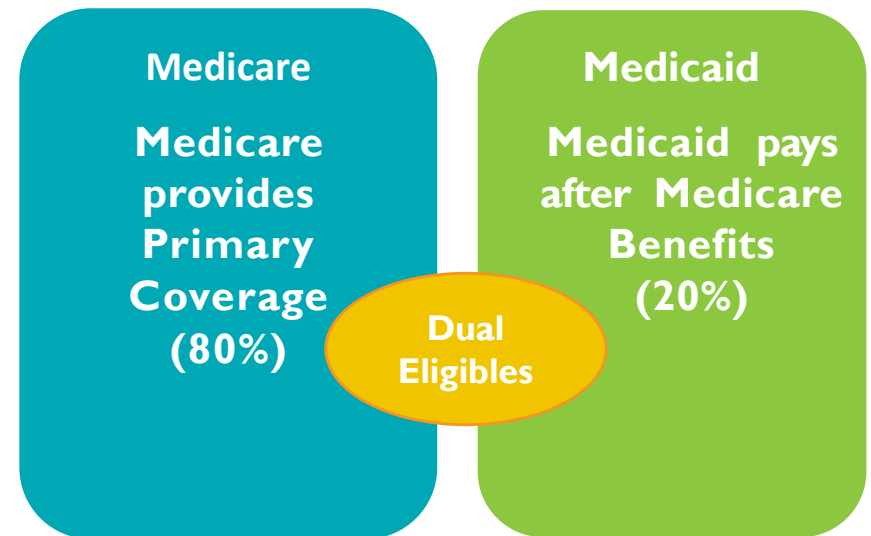
QUALITY

- Develop program Quality Goals and
- Performance Improvement plan

- ✓ Integrating care and coordination across providers and families/ caregivers

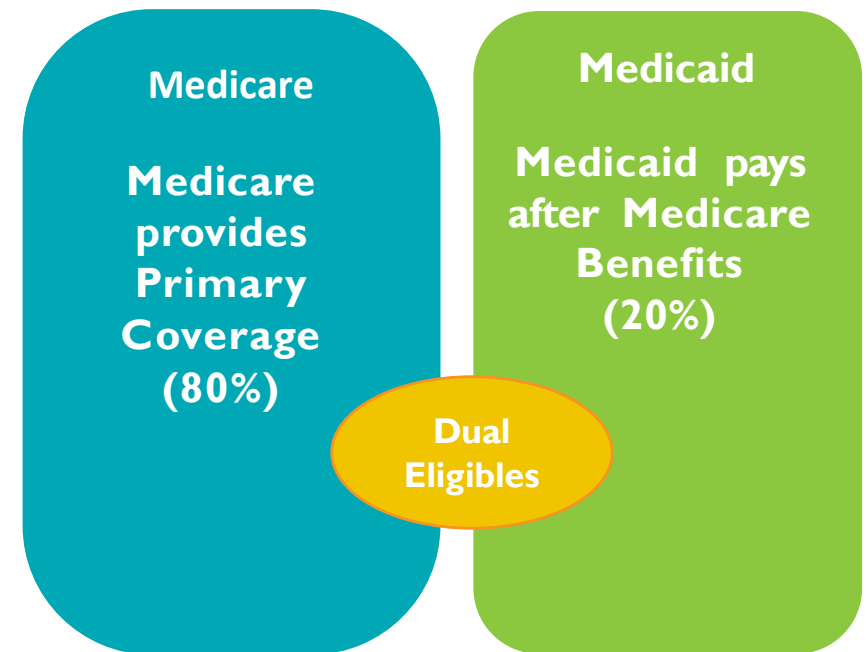
D-SNP Administrative Components: Member Benefits

- Johns Hopkins Medicare Advantage D-SNP Benefits are defined in the plan Evidence of Coverage (EOC). This document is provided to each member and is published on our website at
- [Johns Hopkins 2024 Evidence of Coverage Effective 01-01-24 \(hopkinsmedicare.com\)](https://hopkinsmedicare.com)



D-SNP Administrative Components: Member Benefits (continued)

- A sampling of available benefits:
- Medical and behavioral health services
- Part D Pharmacy Prescription Drug program
- Fitness programs
- Over-the-Counter (OTC) medication catalog
- Home meals delivery after inpatient discharge
- Dental care
- Routine vision
- Hearing
- 24/7 nurse-advice telephone line
- Transportation support to medical appointments
- My Advocate







Administrative Components: Johns Hopkins Advantage MD D-SNP (HMO) Part D Pharmacy Program

- Advantage MD D-SNP (HMO) members have their own formulary, which is different than the formularies for PPO and HMO. Providers should check the Advantage MD D-SNP (HMO) formulary for covered drugs prior to prescribing for D-SNP members.
- Most D-SNP members will have low-income subsidy (LIS) and therefore the deductible and 25% coinsurance for drugs on Tiers 2 through 5 will not apply. Members will be responsible for the lesser of their LIS copay or the 25% coinsurance.
- Mail order for prescriptions is available to D-SNP members.
- Members must order diabetic supplies from a Johns Hopkins Health Plans Durable Medical Equipment (DME) company. For a list of participating DMEs, go to the online Provider Directory and search under Medical Equipment.

D-SNP Administrative Components: Enrollment & Eligibility

Advantage MD D-SNP (HMO) Identification Cards

 JOHNS HOPKINS HEALTH PLANS	Johns Hopkins Advantage MD D-SNP (HMO)	 JOHNS HOPKINS HEALTH PLANS	For benefit information call Customer Service (Members and Providers): 1-877-293-4998 TTY: 711 or visit www.hopkinsmedicare.com
Member Name <F_NAME M L_NAME>	Effective Date: <MEIA_REQ_DT>	DO NOT BILL MEDICARE Medicare limiting charges apply. Provider: Dual member cost share should be billed to Member's Medicaid	24-hour Nurse Chat Line: 1-888-202-8828
Member ID: <SBSB_ID> Health Plan: H1225 003 PCP: <PRPR_NAME> Phone#: <PRAD_PHONE>	In-Network Office Visit Copay: <\$XX> Specialist Copay: <\$XX> Urgent Care Copay: <\$XX> ER Copay: <\$XX>	Dual Member: Present this ID Card and your Medicaid ID Card before you receive services or supplies	Over-the-Counter Health Solutions 1-888-628-2770
RxBIN: 004336 RxPCN: MEDDADV RxGRP: <MEMR_MCTR_RX_GROUP>	There are no out-of-network benefits. Members are fully liable for the cost of out-of-network services.	Submit medical claims to: Johns Hopkins Advantage MD PO Box 3537 Scranton, PA 18505	For non-Medicare covered dental related inquiries, please contact DentaQuest: 1-844-231-8318
		Present this card at the time of service and with every prescription.	Prior Authorization: 1-877-293-4998 Pharmacist Use Only: 1-866-693-4620

Front

Back

- Each member is provided with an individual member identification card that includes the member's identification number, plan, certain copayment information, and effective date. Since changes do occur with eligibility, the card alone does not guarantee that the member is eligible. Therefore, it is imperative to check eligibility. You must call the health plan or use the [Availty](#) or [HealthLINK](#) online portal to verify eligibility.
- **Customer Service at 877-293-4998**
- [Johns Hopkins Advantage MD Overview | Johns Hopkins Medicine](#)

D-SNP Administrative Components: Authorization and Referrals

- Medical Management staff is accessible at least eight hours daily (with the exception of holidays), between 8 a.m. to 5 p.m. Eastern Time, Monday through Friday.
- Confidential voicemail and secure fax capabilities will be provided during and after regular hours of operation.
- The Medical Management offers TDD/TTY services for deaf, hard of hearing or speech impaired members.
- Language assistance/interpretation is available for members.

<p>Medical Management Phone: 844-560-2856 Fax: 855-704-5296</p>	<p>Behavioral Health Phone: 844-340-2217 Fax: 844-363-6772</p>
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D-SNP Administrative Components: Other Processes & Procedures

- **The following processes and procedures are the same for D-SNP as they are for other Advantage MD PPO and HMO plans. Please check the Advantage MD Provider Manual for more details.**
- Precertification and notification
- Prior authorization for certain services and review of requests for authorization for elective hospital admissions as outlined in the Evidence of Coverage (EOC).
- Medical Management evaluation requests for services regarding medical care, behavioral health, and substance abuse treatment
- Claims submission
- Appeals and grievances
- Compliance and Fraud, Waste and Abuse (FWA)

D-SNP Administrative Components: Provider Education

- A Provider Education Training Presentation for the Johns Hopkins Advantage MD D-SNP HMO is available on our website's [Provider Education](#) page:
- To view the training, please visit:
- <https://www.hopkinsmedicine.org/johns-hopkins-health-plans/providers-physicians/resources-guidelines/provider-education>

Vendor Partnerships & New for 2024

New for 2024: Inflation Reduction Act 2024 Updates

- Through the Inflation Reduction Act, members will save money with Medicare by improving access to affordable treatments and strengthening the Medicare program. **All Advantage MD Plans** will implement these changes to members Part D coverage
- As of 1/1/2023, Reduced Copays on Insulins for all Advantage MD **Plans**
- The cost of a month's supply of each Part D-covered insulin will be **capped at \$35.**
- Members won't have to pay a **deductible** for insulin.
- Member cost share for Insulins will be \$35 for a one-month supply and up to \$105 for a three-month supply with additional savings for mail order.

New for 2024: Inflation Reduction Act 2024 Updates (continued)

- Starting on Jan. 1, 2024, All Advantage MD plans will implement these changes to members Part D coverage
- Low-Income Subsidy Program: there will no longer be a partial program in the Low-Income Subsidy program.
 - Full benefits will be offered to people with Medicare with limited resources and incomes up to 150 percent of the federal poverty level, which in 2023 is \$21,870 per year for an individual.
 - With full benefits, the majority, if not all out-of-pocket costs for prescription medications will be covered. People who qualify for Extra Help will pay:
 - No deductible
 - No premium
 - Fixed lower copays for certain medications
- The five percent prescription cost-sharing obligation for Part D will be eliminated.
 - When someone on Medicare has spent \$3,100, they will enter what's called the catastrophic phase of their benefit. In this phase, the member will have no cost sharing of prescription drugs for the remainder of the year.

New in 2024: UpLift Virtual Behavioral Health Services

- All plan members of Advantage MD have access to behavioral health providers in the UpLift network. UpLift is a virtual behavioral health practice that expands access to providers. The interface also allows members to schedule an appointment with a psychiatrist or therapist as soon as the next day, and no further out than two weeks.
- UpLift supplements the existing network of quality behavioral health care providers available to members, adding more therapists and psychiatrists. The UpLift platform also makes finding the right care simple by matching a therapist or psychiatrist according to personalized needs and provider specialties, allowing members to filter searches for different results. While UpLift is primarily virtual, some providers offer in-person appointment options. Member cost shares for UpLift providers are the same as all in-network behavioral health care services.
- Members can self-refer or providers can now refer members to UpLift to locate a provider in the UpLift network. Refer members to join UpLift.co to learn more and to find a provider.

2024 Supplemental Benefits

Silver&Fit Healthy Aging & Exercise Program

Benefits include:

- Fitness Center Access: Single-facility Access
- \$0 Membership Fee
- National Service Area with MD core states
- Get Started Guide
- Home Fitness Kit
- Digital Workout Library
- Connected! With Rewards
- Healthy Aging Coaching
- Standard Fitness Network Choices



2024 Supplemental Benefits

Over the Counter (OTC) Program

Available to **HMO Select** Members

Examples of OTC items:

- First aid and medical supplies
- Cough, cold and allergy
- Pain relievers and sleep aids
- Personal care
- Antacids and digestive care
- Vitamins and minerals
- Eye, ear, and dental care
- COVID 19 at-home test kits

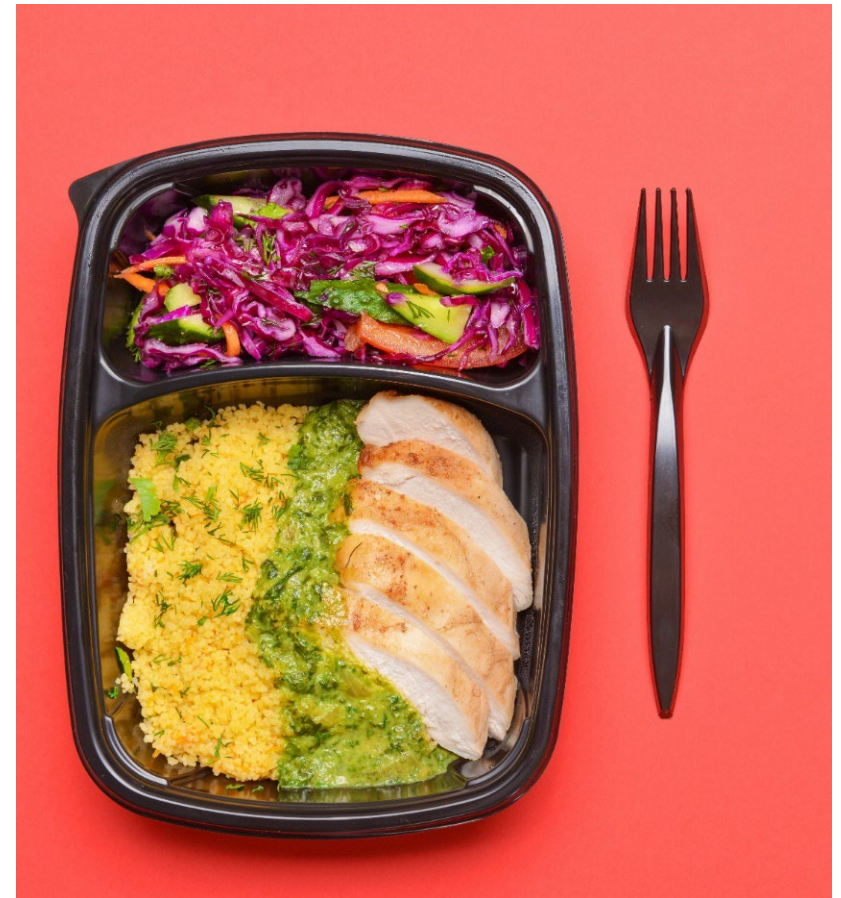


2024 Supplemental Benefits

Mom's Meals –Delivery Service

Available to **HMO Select** Members

- A member who is discharged from the hospital or SNF may take advantage of up to 14 meals over seven days to help them recover at home
- A member can utilize this benefit **4** times in a benefit year.
- A member will be referred to Care Management in-order to take advantage of this benefit



2024 Supplemental Benefits

My Advocate

My Advocate is a program designed to help members find financial assistance to reduce their medical expenses.

Johns Hopkins is working with My Advocate to help identify qualifying members for financial assistance programs.

If we hear a member saying things like this we should refer them to the My Advocate program:

- Cuts pills in half to last longer
- Not refilling ALL prescriptions
- Turned off heat or air conditioning
- Phone service turned off because they couldn't pay the bill

My Advocate is handled by our vendor Change Health Care.

- They perform outreach calls to members and assist them with the application process.
- They assist with the initial application and also make sure members complete their annual re-certification.



CHANGE
HEALTHCARE

2024 Plan Overview: Telemedicine

- Advantage MD members can access care via telemedicine with Johns Hopkins OnDemand Virtual Care (powered by Teladoc) gives 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.
- Johns Hopkins Health Plans encourage members to utilize their primary care provider when possible, but Johns Hopkins OnDemand Virtual Care is an alternative option to quickly access needed care.

2024 Plan Overview: Telemedicine (continued)

The Johns Hopkins OnDemand Virtual Care service is 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 member is experiencing a medical emergency, they should call 911 or go to the nearest emergency room.

2024 Vendor Partnership: NovoLogix

- Prior authorization is required for the medical injectable drug codes listed in the below link for Advantage MD.
- The process for obtaining prior authorizations for Advantage MD is managed in collaboration with CVS Health–NovoLogix.
- Access a list of [medical injectable drug codes](#) for Advantage MD

2024 Vendor Partnership: NovoLogix (continued)

How to Request Prior Authorization:

- Providers may submit prior authorization requests electronically by accessing the NovoLogix portal through the Johns Hopkins Health Plans [Avality](#) and [HealthLINK](#) provider portals. The NovoLogix portal must be accessed through [Avality](#) and [HealthLINK](#) for prior authorization requests.
- For Advantage MD, providers may also contact NovoLogix by phone if there are issues with the NovoLogix portal:

Advantage MD: 800-932-7013

2024 Vendor Partnership: eviCore

Johns Hopkins Health Plans has partnered with eviCore healthcare to provide patients with access to high quality, medically appropriate care that is consistent with evidence-based treatment guidelines.

- Providers in the **Johns Hopkins Advantage MD** network are required to use the Johns Hopkins Health Plans-eviCore system to obtain prior authorization for High Tech Radiology and Cardiology Advanced Imaging services.
- Providers should submit prior authorization requests via the [eviCore portal](#) or, if the portal cannot be accessed, by calling eviCore at 866-220-3071.

2024 Plan Overview: COVID-19

- Johns Hopkins Advantage MD will pay for the COVID-19 vaccine and its administration (including approved booster doses), without cost sharing, for members enrolled in their plans.
- For the most current information on Covid-19-related services, codes, policies and reimbursement schedules, please visit Johns Hopkins Health Plans Covid-19 information pages at <https://www.hopkinsmedicine.org/johns-hopkins-health-plans/providers-physicians/covid-19>

Important Benefits & Rx Information

- HMO members can only go to [in-network providers](#).
- The [formularies](#) for the HMO and PPO products are **not the same**. Please review the applicable [formulary](#) prior to prescribing.
- Advantage MD members have a 0% coinsurance for in-network diabetic supplies.
- Members can save money on medications by getting a long-term supply at either a [retail pharmacy](#) or through [mail order](#).
- Johns Hopkins Advantage MD offers [Medication Therapy Management](#) (MTM) services at no cost to members through CVS Caremark.
- Some services and supplies will require [prior authorization](#).

Vision PPO Coverage 2024

- Advantage MD PPO covers additional vision benefits through [SuperiorVision](#).
- The in-network benefit is covered only if the member visits a Superior contracted provider.
- Providers who do not participate with Superior can still see Advantage MD PPO members when there is an out-of-network benefit under the PPO products.
- You may electronically submit claims via the Superior website (www.superiorvision.com) or in the ASC X12N 837 HIPAA standard format, either directly to the Superior or through its clearinghouse. You may also utilize the CMS 1500 form for submitting paper claims to Superior or mail them to:

Claims Department

SuperiorVision

939 Elkridge Landing Rd, Ste. 200

Linthicum, MD 21090

Please refer to the “Claim Submission Requirements” section of the Provider Manual for further details on submitting claims, as well as the Superior’s reimbursement policies.

Vision HMO and PPO Coverage Overview (2024)

Service	Advantage MD HMO	Advantage MD HMO Tribute	Advantage MD PPO	Advantage MD PPO Plus	Advantage MD PPO Premier	Advantage MD PPO Primary	Advantage MD Group
Routine Eye Exam	IN:\$0 member cost OON: No coverage	IN:\$0 member cost OON: No coverage	IN: \$0 member cost OON: 50% member coinsurance	IN: \$0 member cost OON: 45% member coinsurance	IN:\$10 member cost OON:\$0 member cost	IN:\$0 member cost OON: 30% member coinsurance	IN:\$0 member cost OON: 45% member coinsurance
Eyewear	\$250 towards eyewear or contacts lenses annually from any source	\$300 towards eyewear or contacts lenses every two years from any source	\$300 towards eyewear or contacts lenses annually from any source	\$150 towards eyewear or contacts lenses annually from any source	\$400 towards eyewear or contacts lenses every two years from any source	\$200 towards eyewear or contacts lenses annually from any source	\$300 towards eyewear or contacts lenses every two years from any source

The routine eye exam and eyewear benefit is processed through [Superior Vision](#). For questions related to the benefits and claims process, please contact Superior at 866-819-4298.

Dental HMO Coverage 2024

- Advantage MD covers additional dental benefits through [DentaQuest](#).
- The in-network benefit is covered only if the member visits a DentaQuest contracted provider.
- There is an optional supplemental package available to members in the Advantage MD HMO plan that offers comprehensive dental coverage (additional monthly premium) in- and out-of-network.
- For questions related to the benefits, prior authorizations, and claims, please contact DentaQuest at 800-471-7140.

Provider Services:

PO Box 2906
Milwaukee, WI 53201-2906
(800) 508-6757

Fax numbers:

- Claims to be processed:
(262) 834-3589
- Claims payment issues: (262) 241-7379

Email Addresses:

- Claims Questions:
denclaims@DentaQuest.com
- Eligibility or Benefit Questions:
denelig.benefits@DentaQuest.com

Johns Hopkins Advantage MD

Requirements, Processes, &
Important Information

HMO Referral Requirements

- Referrals are required for specialty services only.
- Referrals should be to in-network specialty providers only – there is no out-of-network coverage for HMO.

Prior Authorization

- Prior Authorization requirements apply uniformly to all Johns Hopkins Advantage MD products.
- Submit a request for Prior Authorization prior to rendering services using this [Prior Authorization Form](#) or by calling:
 - Medical Management at 844-560-2856
 - Behavioral Health at 844-340-2217
- Submit clinical notes and treatment plan by fax:
 - Outpatient Medical: 855-704-5296
 - Inpatient Medical: 844-240-1864
 - Outpatient Behavioral Health: 844-363-6772
 - Inpatient Behavioral Health: 844-699-7762
 - Post-Acute Facility (SNF/ACIR/LTAC) 410-424-2703

Diabetic Supplies

- Advantage MD members have 0% coinsurance for diabetic supplies (excluding insulin pumps)
- Diabetic supplies include:
 - Blood sugar (glucose) test strips
 - Blood sugar testing monitors
 - Lancet devices and lancets
 - Glucose control solutions

Diabetic Supplies (continued)

- Advantage MD members will have 0% coinsurance for diabetic supplies (excluding insulin pumps)
- In-network providers for diabetic supplies:
 - [DME suppliers](#)
 - Participating network pharmacies
 - For a 2024 listing of participating pharmacies, please visit www.hopkinsmedicare.com

Prescription Drug Benefit (Part D) Formulary Overview

- Advantage MD offers a comprehensive prescription drug benefit with coverage in all therapeutic classes, as indicated by the Medicare Part D rules and regulations.
 - Drugs excluded by Medicare: drugs used for cosmetic purposes, erectile dysfunction, cough and cold, vitamins (except prenatal vitamins) and over-the-counter medications.
- The lists of [formulary drugs](#), coverage limit requirements, and prior authorization forms are available on the plan's website www.hopkinsmedicare.com

Prescription Drug Benefit (Part D) Formulary Overview (continued)

- Drugs must be used for a “medically accepted indication,” either:
 - Approved by the FDA for the diagnosis or condition for which it is being prescribed OR
 - Supported by certain Medicare-recognized references

NOTE: For more details on prescription drug benefits, please see the [pharmacy section](#) of the Advantage MD website.

Prescription Drug Benefit – Mail Order

- CVS Caremark, our [mail order pharmacy](#), sends a 3-month supply of maintenance medications in one fill, making it easier for the patient by only having to fill four times a year.
- In addition, a 3-month supply of maintenance medication is available through CVS Caremark [mail order](#) at a reduced copay.
- This means your patient can fill a 90-day supply for only 2 times the retail copay—saving them an equivalent of four retail copays per year.
- Doctors and staff can contact CVS Caremark at 877-293-5325 (option 2) for PPO or 877-293-4998 (option 2) for HMO, 24 hours a day, 7 days a week.

Prescription Drug Benefit – Mail Order

Three easy ways for your Advantage MD members to register for mail order:

- **Online.** Members can view registration information on [caremark.com](https://www.caremark.com).
- **On smartphone or tablet.** Download the CVS Caremark mobile app from the App Store or Google play.
- **By phone.** Members can call Customer Service (TTY: 711) number on the back of their Member ID card and select option 2. Our Customer Service will get them started with a personalized registration email or text.
- The [mail order form](https://www.hopkinsmedicare.com/wp-content/uploads/member-mail-service-order-form.pdf) is available at <https://www.hopkinsmedicare.com/wp-content/uploads/member-mail-service-order-form.pdf>.

Added Advantages for Advantage MD Providers

Health System/Provider:

- Care Management support through Advantage MD
- The Medicare Three-Day Rule for accessing post-acute care does not apply to Advantage MD. Members can be admitted to a skilled nursing facility (SNF) when it is clinically appropriate.

Care Management

- Advantage MD is committed to becoming the leader in care management population health solutions.
- Our care management model promotes prevention skills, performs health risk identification, and manages member compliance to avoid costly treatments. We not only outreach to the sickest members to stabilize and manage conditions, we guide healthy members further along the prevention path.
- Through our four main service areas of Preventive, Transitional, Complex, and Maternal/Child, we support members wherever they are on the health continuum.

Care Management

- To contact Care Management please call: 800-557-6916.
- To submit a referral to Care Management, please send an email to caremanagement@jhhp.org.
- Please include:
 - Member Name
 - Date of birth
 - ID number
 - Diagnosis
 - Patient needs
- Responses will be provided within two business days.

The Claims Process

Providers are encouraged to submit claims electronically:

- Medicare Advantage Payer ID # 66003
 - For electronic remittance advices (835) and electronic payments:
 - Enroll online at changehealthcare.com
- OR
- Download the enrollment form at changehealthcare.com/epayment/enrollment and fax completed form to 615-238-9615
 - Timely filing – 180 days from date of service (may differ among plans)
 - Clean claims processed within 30 days

The Claims Process (continued)

- Mailing address for medical claims:
Johns Hopkins Advantage MD
P.O.Box 3537, Scranton, PA 18505

For details on Medicare Secondary Payer & COB, as well as the Provider Payment Dispute Process, please see the [Advantage MD Provider Manual](#) and use the [Participating Provider Post-Service Payment Dispute Form](#).

Johns Hopkins Advantage MD

Healthcare Performance Measures

Center for Medicare & Medicaid Services (CMS) Five-Star Quality Rating System

- The Center for Medicare & Medicaid Services (CMS) developed the Five-Star Quality Rating System to evaluate the quality and performance of Medicare Advantage (MA) plans and Prescription Drug Plans (PDPs). The Star Ratings measures change annually and include measures from Healthcare Effectiveness Data and Information Set (HEDIS®), Consumer Assessment of Healthcare Providers and Systems (CAHPS®), and Health Outcomes Survey (HOS).
- As health plans and providers collaborate to give our members the best quality care, we can all look to the plan's Star Ratings to see The annually-updated [Quality Measures Tip Sheet](#) can guide all of our efforts to improve.

Healthcare Effectiveness Data and Information Set (HEDIS®)

- 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, Breast Cancer Screening, Controlling Blood Pressure, and Colorectal Cancer Screening.
- For detailed information about HEDIS ,please go to the [NCQA website](#) or view our [Quality Measures Tip Sheet](#).

HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA)

Consumer Assessment of Healthcare Providers (CAHPS®)

- CAHPS® is a member satisfaction survey in which the 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.
- Topics included in the survey are Getting Needed Care, Getting Care Quickly, How Well Doctors Communicate, Customer Service, Coordination of Care, Getting Needed Prescription Drugs, and the Ratings of: Health Care, Personal Doctor, Specialist, and Health/Drug Plan. The survey is conducted annually according to CMS protocol by a CMS certified vendor.

Health Outcomes Survey (HOS)

- HOS is a member survey that assesses the physical and mental health of a patient over a two-year period. Topics included in the survey are: improving or maintaining physical and mental health, reducing the risk of falling, and improving bladder control.
- **Health Literacy**
- There are many reasons health plan members, patients and caregivers may struggle to understand health information. Johns Hopkins Health Plans has structured its goals to meet their mission to provide quality health care, develop new methods to improve the health of its patient community and set standards of excellence in patient care. By having an engaged patient and developing a better means of communication through health literacy initiatives, healthcare providers can treat their patients and achieve optimal health outcomes and favorable HEDIS and CAHPS results.

Johns Hopkins Advantage MD

For more information on Advantage MD's Healthcare Performance Measures, please contact your designated Provider Engagement Liaison at 888-895-4998.

Provider Resource: Johns Hopkins Health Plans Website

Provider website includes:

- Provider manuals
- Forms
- Availity Provider Portal
- Online provider directory
 - Find participating providers on <https://www.hopkinsmedicare.com/find-a-provider/>
- Policies & procedures

Availity Essentials: Provider Portal

- As part of our continuing effort to boost efficiency and streamline processes, Johns Hopkins Health Plans introduces a new provider portal developed in collaboration with our vendor, Availity.
- [Availity Essentials](#) is a secure, real-time platform that connects providers with payers to help providers manage medical benefits and insurance claims. The portal allows providers to view remittances, validate eligibility and benefits and track claims with ease. The impetus for the switch to Availity Essentials is to lighten administrative burdens while engaging with Johns Hopkins Health Plans, giving providers time back in their day to deliver exceptional patient care.
- Johns Hopkins Health Plans is taking a phased approach with the new provider portal. The following functions are available for providers:
 - Member eligibility requests and benefit information
 - Electronic claims submission
 - Claims status
 - Remittance and claims payment information
 - Insights into financial and administrative transactions

Availity Essentials: Provider Portal

- In addition, the new portal will offer the following resources:
 - Providers can access commonly used forms, find customer service numbers for our plans, review policies and procedures and more.
 - Providers can keep up to date on our communications and provider education presentations.
- For more information, visit [availity.com](https://www.availity.com).
- **Please Note:** As we transition fully to the new provider portal, our current portal, HealthLINK, will still be available so providers can access needed functions and resources.

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 *Availity* and [HealthLINK](#) provider portals, JPAL offers a user- friendly way for providers to look up preauthorization requirements.

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

Provider Resource: JPAL (continued)

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 Johns Hopkins Health Plans current policies and procedures to request prior authorization, which are available on the [Johns Hopkins Health Plans website](#).

Provider Resource: JPAL (continued)

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 Johns Hopkins Health Plans Utilization Management department.
- Authorizations are not a guarantee of payment.
- Instructions on how to use JPAL are on the [Johns Hopkins Health Plans Provider Education webpage](#) and on [Avality](#) and [HealthLINK](#).

Updating Your Information

If there are any demographic changes in your practice or facility, you are **required** to notify the Provider Relations department:

- Submit digitally via the [Online Digital Provider Information Update Form](#).
- Email to ProviderChanges@jhhp.org. This email box is monitored daily to collect and process all provider changes. Please fill out the [Provider Information Update Form](#) (located under “For Providers” and then under the Forms section of the “Resources and Guidelines” page) and attach it to the email before sending to Johns Hopkins Health Plans.
- Information on both forms includes changes to telephone numbers, address, suite number and email or fax numbers.
- **Note:** If you are using a Social Security Number in place of a Tax ID, the completed update form must be faxed to 410-762-5302 to ensure identity protection. Do not send digitally or by email.
- W-9 requests should be submitted to: w9requests@jhhp.org.
- Any questions about the provider changes reporting process may be directed to Provider Relations at 888-895-4998 (option 4).

*If you are under a Delegated Credentialing Agreement please follow the process outlined per that agreement.

CMS requires the Health Plan to validate provider information on a quarterly basis.

Fraud, Waste and Abuse

- Johns Hopkins Health Plans Payment Integrity department wants to inform you of our information processes for reporting Fraud, Waste, and Abuse.
- **Complaints of possible Fraud, Waste, and Abuse can be reported to the Johns Hopkins Health Plans 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@jhhp.org

Network Access Standards

- Johns Hopkins Health Plans comply 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):
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
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	Immediate
Behavioral Health Emergency	Immediate

Cultural Competency Training

Cultural competency training is a requirement for participating Advantage MD providers in the Johns Hopkins Health Plans network.

As a health care provider contracted by Johns Hopkins Health Plans, our expectation is for you and your staff to gain and continually deepen your knowledge of, and ability to support, the values, beliefs and needs of diverse cultures. This results in effective care and services for all people by taking into account each person's values, experiences and linguistic needs.

By enhancing the cultural competency of your workforce, together, we can:

- Improve the quality of patient-care delivery and health outcomes
- Increase member satisfaction
- Provide greater access to services

HHS offers [A Physician's Practical Guide to Culturally Competent Care](#), a free, online educational program accredited for physicians, physician assistants, and nurse practitioners. This guide is available at the HHS website (ccm.thinkculturalhealth.hhs.gov). The HHS website offers CME/CE credit and equips health care professionals with awareness, knowledge, and skills to better treat the increasingly diverse U.S. population they serve.

After completing the training, please fax a copy of your certificate to 410-424-4604.

Important Contact Information

- To report concerns related to privacy, and/or non-compliance please contact the Medicare Compliance Department at:
 - Local: 410-762-1575
 - Toll Free: 844-697-4071
 - Fax: 410-762-1502
 - Email: MedicareCompliance@jhhp.org
 - Or the 24/7 Compliance Hotline at 1-844-SPEAK2US (1-844-773-2528)

Important Contact Information

- Provider Website: <https://www.hopkinsmedicine.org/johns-hopkins-health-plans>
- Advantage MD Website: www.hopkinsmedicare.com
- CMS: www.cms.gov

Important Contact Information

- Provider Relations Department: 888-895-4998, option 4 (provider education, credentialing & contract inquiries)
- Customer Service, PPO: 877-293-5325 (benefits & claims inquiries)
- Customer Service, HMO: 877-293-4998, option 4 (benefits & claims inquiries)
- Care Management Referrals:
caremanagement@jhhp.org or 800-557-6916

**For additional information, please reference the Advantage MD [Provider Manual](#).*

QUESTIONS?

THANK YOU
for participating with
Advantage MD.

Presented by: Johns Hopkins Health Plans Provider Relations Department