

Johns Hopkins Advantage MD 2024 HMO Virginia Plan

Presented by: Johns Hopkins Health Plans Provider Relations
Department

Advantage MD Product Overview

Advantage MD Select (HMO)

Agenda

- Our Mission
- Advantage MD Overview
- Advantage MD - Service Area, Medical Benefit Overview
- Advantage MD Product Overview – HMO Select
- 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

Virginia Expansion Advantage MD Select (HMO) Service Area



5

Fairfax, Falls Church and Arlington counties

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



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

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.
- Preventive Dental
 - 2 oral exams, fluoride treatment, dental x-rays
- Comprehensive Dental
 - \$2,500 annual max for restorative, endodontics, periodontics, extractions, prosthodontics, other oral/maxillofacial surgery services
- 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

Advantage MD HMO Select Member ID Cards

 <p>Member Name <F_NAME M L_NAME></p> <p>Member ID: <SBSB_ID> Health Plan: H1339 001 PCP: <PRPR_NAME> Phone#: <PRAD_PHONE></p> <hr/> <p>RxBIN: 004336 RxPCN: MEDDADV RxGRP: <MEMR_MCTR_RX_GROUP></p>	<p>Johns Hopkins Advantage MD Select (HMO)</p> <hr/> <p>Effective Date: <MEIA_REQ_DT></p> <hr/> <p style="text-align: center;">In-Network</p> <p>Office Visit Copay: <\$XX> Specialist Copay: <\$XX> Urgent Care Copay: <\$XX> ER Copay: <\$XX></p> <p>There are no out-of-network benefits. Members are fully liable for the cost of out-of-network services.</p>
	

Front

 <p>DO NOT BILL MEDICARE Medicare limiting charges apply.</p> <p>Submit medical claims to: Johns Hopkins Advantage MD PO Box 3537 Scranton, PA 18505</p> <hr/> <p>Present this card at the time of service and with every prescription.</p>	<p>For benefit information call Customer Service (Members and Providers): 1-877-293-4998 TTY: 711 or visit www.hopkinsmedicare.com</p> <p>24-hour Nurse Chat Line: 1-888-202-8828</p> <p>Over-the-Counter Health Solutions 1-888-628-2770</p> <p>For non-Medicare covered dental related inquiries, please contact DentaQuest: 1-844-231-8318</p> <p>Prior Authorization: 1-877-293-4998 Pharmacist Use Only: 1-866-693-4620</p>
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Back

Inflation Reduction Act: 2023 Existing Updates & 2024 New 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.**
- Member's 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.

Inflation Reduction Act: 2023 Existing Updates & 2024 New Updates (continued)

- Starting on January 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.

2024 Supplemental Benefits

Roundtrip

Available to HMO Select Members

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



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

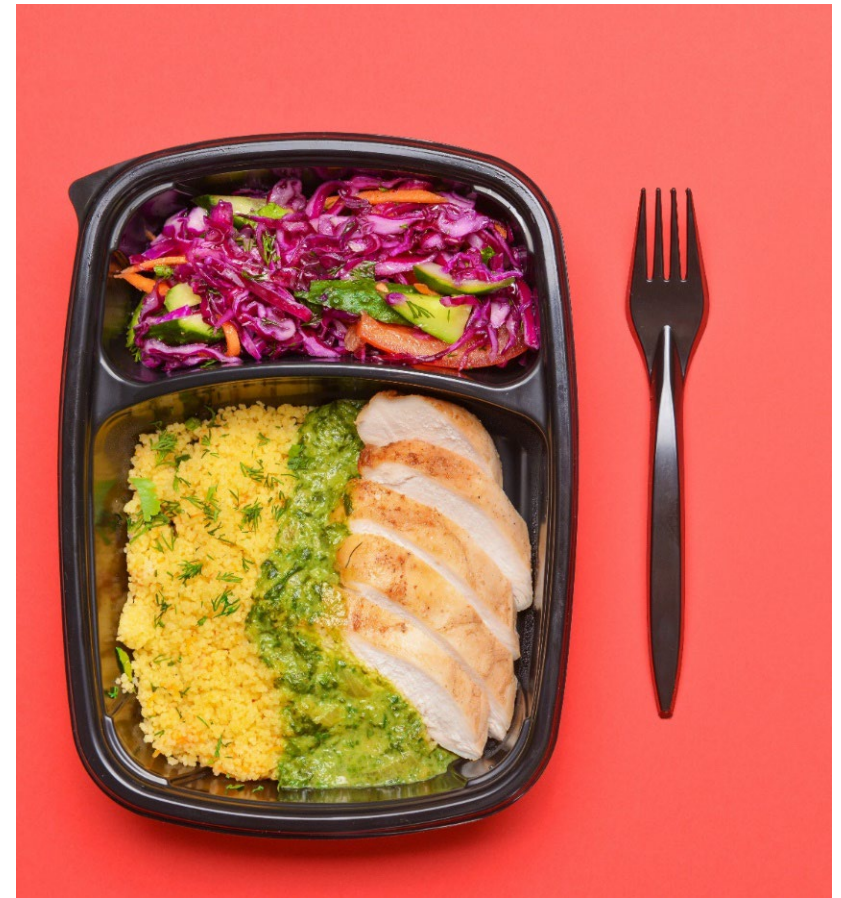


2024 Supplemental Benefits

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 MyAdvocate 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 OnDemandVirtual 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 OnDemandVirtual 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 Plan Overview: NovoLogix

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

2024 Plan Overview: 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 Plan Overview: 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: UpLift

- Advantage MD members 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 joinUpLift.co to learn more and to find a provider.

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_healthcare/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](#).
- Advantage MD offers [Medication Therapy Management](#) (MTM) services at no cost to members through CVS Caremark.
- Some services and supplies will require [prior authorization](#).

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
- 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 prior authorization 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 prior authorization 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 prior authorization 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