

Advantage MD (PPO)

Quick Reference Guide

To obtain the most up-to-date information on policies, manuals, directories and other information, providers should review the website on a regular basis: HopkinsHealthPlans.org.

Overview & Important Information

- Advantage MD PPO, PPO Primary, Advantage MD Plus PPO, Advantage MD Premier PPO, and Advantage MD Group are Medicare Advantage PPO products administered by Johns Hopkins Health Plans. Members have flexibility when selecting a provider and do not require referrals. Members have coverage both in- and out-of-network.
- Benefits for Advantage MD's PPO plans include medical services, hospital stays, and prescription drugs. They also include preventive medical, dental, vision and hearing care. Our Advantage MD Plus, Premier, and Group plans also offer chiropractic and podiatry services beyond Medicare, worldwide emergency and urgent care coverage, acupuncture allowances, and additional benefits beyond Original Medicare.
- These plans are specially designed for Medicare-eligible beneficiaries who live in:
 - Anne Arundel, Baltimore, Carroll, Frederick, Howard, Montgomery, Somerset, Washington, Wicomico, and Worcester counties; Premier: Montgomery County only
 - Currently have (or are eligible for) Medicare Part A and Part B
- Our Advantage MD Group plan is designed for Medicare-eligible beneficiaries that are qualified retirees of specific contracted companies (to include Johns Hopkins Health System) who live in Delaware, District of Columbia, Florida, Georgia, Maryland, North Carolina, Pennsylvania, South Carolina, and Virginia
- Members must currently have (or be eligible for) Medicare Part A and Part B.
- Medicare Advantage beneficiaries are generally age 65 or older and do not have end-stage renal disease
- Annual Enrollment Period: October 15 – December 7
- Effective Date: January 1, 2024
- If a patient is a member of any Advantage MD PPO plans, Medicare must not be billed for covered medical services (with the exception of routine clinical research studies and hospice services)

Important Phone Numbers

Medical Management

844-560-2856

855-704-5296 Fax

Behavioral Health Services

844-340-2217

844-363-6772 Fax

Care Management

800-557-6916

caremanagement@jhhp.org

Customer Service

(Claims, benefits and eligibility)

877-293-5325

855-206-9203 Fax

Pharmacy Services

877-293-5325

855-633-7673 Fax

Superior Vision

866-819-4298

DentaQuest

844-231-8318

TruHearing

877-293-5325

Silver&Fit

877-293-5325

Provider Relations

(Contracts, fee schedules, and demographic changes)

410-762-5385

888-895-4998

410-424-4604 Fax

Payment Integrity

410-424-4971

FWA@jhhp.org

Medicare

800-633-4227

Social Security

800-772-1213

Maryland SHIP

(State Health Insurance Program)

800-243-3425

Maryland Health Connection




(Maryland Medical Assistance Program)


855-342-8572



JOHNS HOPKINS
HEALTH PLANS

Member ID Card

 JOHNS HOPKINS HEALTH PLANS	Johns Hopkins Advantage MD (PPO)
Member Name <F_NAME M L_NAME>	Effective Date: <MEIA_REQ_DT>
Member ID: <SBSB_ID> Health Plan: H3890 001	In Network Out-of-Network
RxBIN: 004336 RXPON: MEDDADV RxGRP: <MEMR_MCTR_RX_GROUP>	Office Visit Copay: <\$XX> <\$XX> Specialist Copay: <\$XX> <\$XX> Urgent Care Copay: <\$XX> <\$XX> ER Copay: <\$XX> <\$XX>
 CVS caremark	 MedicareRx Prescription Drug Coverage

 JOHNS HOPKINS HEALTH PLANS	Customer Service (Members and Providers): 1-877-293-5325 TTY: 711
DO NOT BILL MEDICARE Medicare limiting charges apply. Submit medical claims to: Johns Hopkins Advantage MD PO Box 3537 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.	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: 1-866-693-4620

Prior Authorization Process

For Prior Authorization/Medical Review

Submit request with the [Prior Authorization Form](#).

Medical Review

Review process in which a nurse reviewer or medical director reviews the medical necessity for a procedure scheduled. Information must be faxed with request and clinical documentation.

Preventive Care Visit Benefit

Advantage MD members are allowed one preventative visit/annual exam per calendar year. Members do not have to wait 366 days from their last preventative visit/annual exam.

Please refer to the Johns Hopkins Prior Authorization Lookup tool (JPAL), located in the [Availity provider portal](#), to check and verify prior Authorization requirements for outpatient services and procedures.

Claims Submission

Part C Payment Requests

Advantage MD
P.O. Box 3537 Scranton, PA 18505

Part D Payment Requests

Advantage MD c/o Caremark Part D Services
P.O. Box 52000
MC 109
Phoenix, AZ 85072

- Claims must be submitted on CMS 1500 or UB-04 forms
- Claims from specialist or ancillary providers should include the referring provider's NPI in Box 17b of the CMS 1500
- Claims must be submitted with a rendering provider's NPI in Box 24j of CMS 1500
- Claims must be submitted within 180 calendar days of the date of service

Payment Disputes

Please fill out the [Participating Provider Post-Service Payment Dispute Submission Form](#) and send to:

Hopkins Advantage MD Payment Disputes
P.O. Box 3537
Scranton, PA 18505
Fax: 855-206-9206

Payment disputes must be submitted within 90 business days of the date of denial, by fax or mail.

Non-Participating Provider Appeals Requests

Advantage MD Appeals
P.O. Box 8777
Elkridge, MD 21075
Fax: 410-424-2806

For a Fast Appeal

Phone: HMO: 877-293-4998 ; TTY users may call 711
Fax: 855-206-9206

Providers are encouraged to submit claims electronically.

EDI Payor ID #66003.

You can switch from paper to electronic payments by calling Change Healthcare at 866-506-2830.