

Johns Hopkins Health Plans 2024 Overview

Employer Health Programs (EHP)

Presented by: Johns Hopkins Health Plans Provider Relations Department

Employer Health Programs

MIS1144W12212023

Agenda

- Welcome
- About Johns Hopkins Health Plans
- Provider Website Review
- EHP Overview
- EHP Updates - New for 2024
- Vendor Partnerships
- Provider Resources
- Claims and Appeals Submission
- Referral and Prior Authorization Process
- Additional Information and Resources

Johns Hopkins Health Plans

Welcome:

Johns Hopkins Health Plans provides health care services for four health plans: Priority Partners Managed Care Organization, Johns Hopkins Employer Health Programs (EHP), Johns Hopkins US Family Health Plan (USFHP) and Johns Hopkins Advantage MD.

Johns Hopkins Health Plans Mission & Vision



- **Mission:**
 - To optimize the health of individuals, populations, and communities through innovations and science-based solutions that advance the mission of Johns Hopkins Medicine.
- **Vision:**
 - Establish Johns Hopkins Health Plans as the leader in the translation of evidence-based solutions into population health programs and products that drive proven results and empower individuals and communities to achieve good health.

Johns Hopkins Health Plans

Provider Website

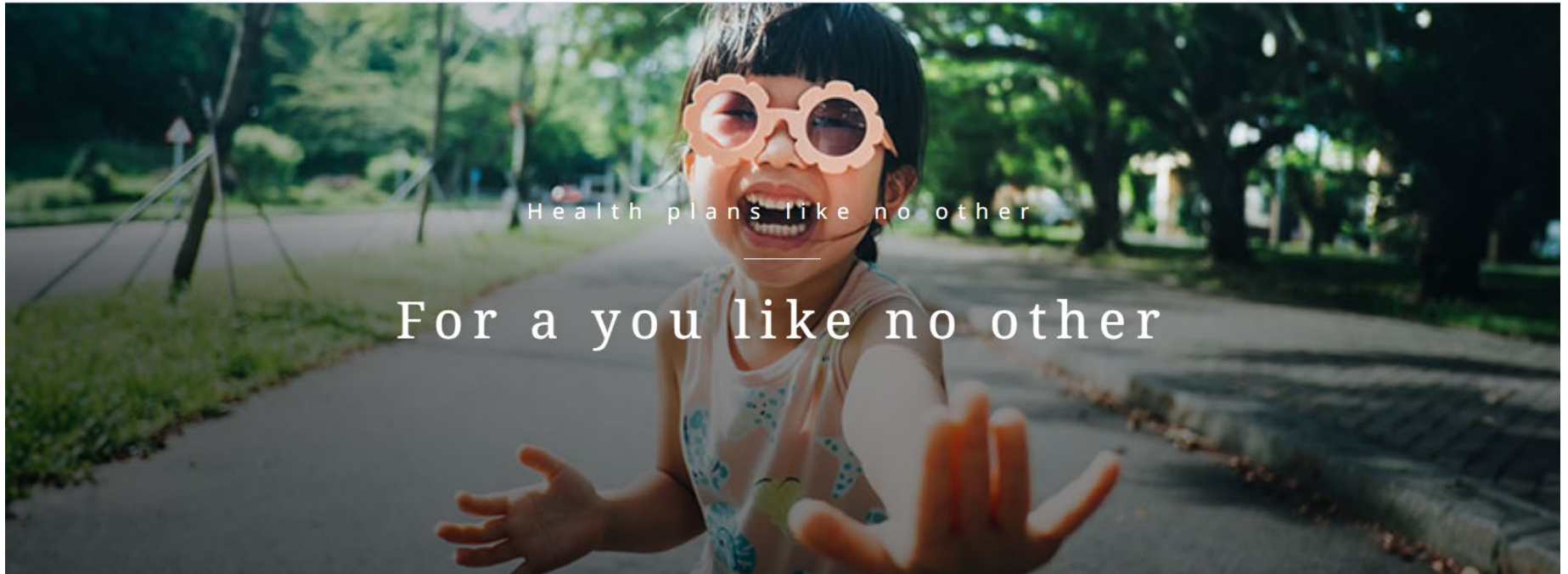


≡ MENU

 COVID-19  SEARCH



Johns Hopkins Health Plans



Johns Hopkins Health Plans

Provider website includes:

- [Provider Manuals](#)
- [Forms](#) (Provider Dispute, Clinical Appeals, PCP Change Forms etc.)
- [Availity Web Portal](#)
- [Medical Policies](#)
- [Reimbursement Policies](#)
- [Online Provider Directory](#)
- [Resources & Guidelines](#)
- [Communications Repository](#)
- [Provider Education](#)

Employer Health Programs (EHP)

- Broadway Services
 - Howard County General Hospital
 - Johns Hopkins Bayview Medical Center
 - Johns Hopkins Hospital
 - Johns Hopkins Health System
 - Sibley Memorial Hospital
 - Suburban Hospital
-
- **NOTE:** The Schedule of Benefits (SOB) for the above programs can be found on EHP.org

Overview: EHP

As a third-party administrator, Johns Hopkins Employer Health Programs (EHP) provides benefits administration to Johns Hopkins Medicine employers and other strategic partners, serving more than 43,000 members.

With 20,000 health care providers and 30 hospitals in Maryland and Southern Pennsylvania, and a nationwide network of nearly 691,000 providers and 3,500 hospitals, EHP self-funded plans are designed to meet the needs of all its members.

Overview

- EHP offers programs and services to help members better manage their health. EHP offers the EHP Benefits Explorer, an interactive tool designed to help EHP members quickly and easily find coverage information related to specific services. For detailed information on what each individual employer offers, visit benefits.ehp.org.

Overview

As EHP members, your patients can take advantage of the following:

- **Prescription coverage:** Prescription drug benefits vary among EHP employer groups. The EHP pharmacy and formulary can be viewed [here](#).
- **Dental care:** Dental benefits vary among EHP employer groups. View the various plans at <https://www.ehp.org/plan-benefits/dental-care-directory/>.
- **Visits to urgent care:** Members can find urgent care centers by accessing the [Provider Directory](#) or calling EHP customer service at 800-261-2393.
- **Care management program:** Through our four main service areas of Preventive, Transitional, Complex, and Maternal/Child, we catch members wherever they are on the health continuum. Members can call 800-557-6916 for more information.
- **Pregnancy resources:** Various programs for expectant moms, including Partners with Mom a high risk prenatal case management program and health coaching. Members can call 800-261-2396 ext. 5355 for more information.

Overview: 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.

Overview: Vision

The Vision benefit is administered by Superior Vision ([Superiorvision.com](https://www.superiorvision.com))

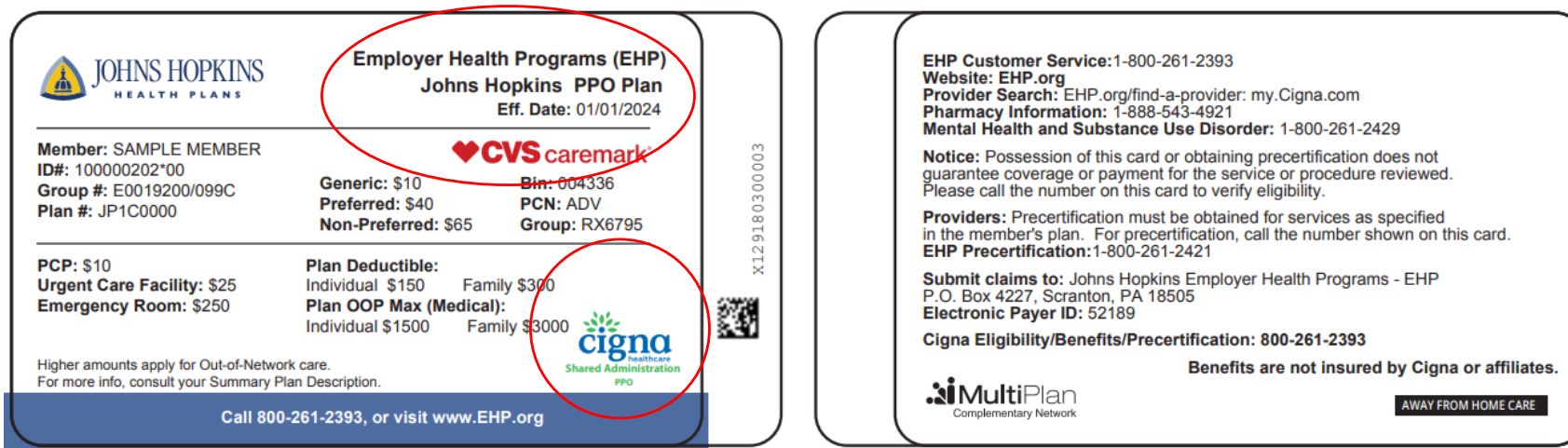
- Superior National Network
 - Customer Service Number: 800-507-3800
 - Superior Vision Claims Administration
P.O. Box 967
Rancho Cordova, CA 95741

*Wilmer is in network with Superior for eye exams only.

Vision Services:

- Routine Optometry services: Superior Vision
- Medical Ophthalmology services: EHP network
- Vision eligibility questions: Members should be redirected to their HR or benefits office.


Member ID Cards



- The specific plan is identified in the top right section of the EHP Member ID card
 - [Johns Hopkins EHP PPO](#)
 - [Johns Hopkins EHP EPO](#)
 - [Johns Hopkins EHP DPC](#)
 - [BSI PPO Plan](#)Members with the DPC plan (Direct Primary Care) can only see their assigned Johns Hopkins Community Physicians
- **Cigna National Network for EHP Members:** National medical coverage inside and outside the state of Maryland through the Cigna PPO Network
 - <https://www.ehp.org/news-and-updates/cigna-network/> or call 866-494-4872


EHP Member ID Cards

EHP PPO Sample Card:




Employer Health Programs (EHP)
Johns Hopkins PPO Plan
 Eff. Date: 01/01/2024

Member: SAMPLE MEMBER
ID#: 100000202*00
Group #: E0019200/099C
Plan #: JP1C0000



Generic: \$10 **Bin:** 004336
Preferred: \$40 **PCN:** ADV
Non-Preferred: \$65 **Group:** RX6795

PCP: \$10 **Plan Deductible:**
Urgent Care Facility: \$25 Individual \$150 Family \$300
Emergency Room: \$250 **Plan OOP Max (Medical):**
 Individual \$1500 Family \$3000



Higher amounts apply for Out-of-Network care.
For more info, consult your Summary Plan Description.

Call 800-261-2393, or visit www.EHP.org

X1291803000003

EHP Customer Service: 1-800-261-2393
Website: EHP.org
Provider Search: EHP.org/find-a-provider: my.Cigna.com
Pharmacy Information: 1-888-543-4921
Mental Health and Substance Use Disorder: 1-800-261-2429

Notice: Possession of this card or obtaining precertification does not guarantee coverage or payment for the service or procedure reviewed. Please call the number on this card to verify eligibility.

Providers: Precertification must be obtained for services as specified in the member's plan. For precertification, call the number shown on this card.
EHP Precertification: 1-800-261-2421

Submit claims to: Johns Hopkins Employer Health Programs - EHP
 P.O. Box 4227, Scranton, PA 18505
Electronic Payer ID: 52189


Cigna Eligibility/Benefits/Precertification: 800-261-2393

Benefits are not insured by Cigna or affiliates.




AWAY FROM HOME CARE

EHP DPC Plan Sample Card:




Employer Health Programs (EHP)
Johns Hopkins DPC Plan
 Eff. Date: 01/01/2024

Member: SAMPLE MEMBER
ID#: 100000203*00
Group #: E0009100/002C
Plan #: JD1C0000



Generic: \$10 **Bin:** 004336
Preferred: \$40 **PCN:** ADV
Non-Preferred: \$65 **Group:** RX6795

PCP Name: SAMPLE PCP **Plan Deductible:**
PCP: DPC: \$0 Individual \$150 Family \$300
 Non DPC: \$10 **Plan OOP Max (Medical):**
Urgent Care Facility: \$25 Individual \$1500 Family \$3000
Emergency Room: \$250



Higher amounts apply for Out-of-Network care.
For more info, consult your Summary Plan Description.

Call 800-261-2393, or visit www.EHP.org

X1291803000004

EHP Customer Service: 1-800-261-2393
Website: EHP.org
Provider Search: EHP.org/find-a-provider: my.Cigna.com
Pharmacy Information: 1-888-543-4921
Mental Health and Substance Use Disorder: 1-800-261-2429

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EHP Precertification: 1-800-261-2421

Submit claims to: Johns Hopkins Employer Health Programs - EHP
 P.O. Box 4227, Scranton, PA 18505
Electronic Payer ID: 52189

Cigna Eligibility/Benefits/Precertification: 800-261-2393


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AWAY FROM HOME CARE


EHP Member ID Cards

EHP EPO Sample Card:



Employer Health Programs (EHP)
Johns Hopkins EPO Plan
Eff. Date: 01/01/2024


Member: SAMPLE MEMBER
ID#: 100000201*00
Group #: E0019200/099C
Plan #: JE1C0000




Generic: \$10 **Bin:** 004336
Preferred: 25% **PCN:** ADV
Non-Preferred: 50% **Group:** RX6795

PCP: \$20
Urgent Care Facility: \$40
Emergency Room: \$250

Plan Deductible:
Individual \$500 Family \$1000
Plan OOP Max (Medical):
Individual \$3000 Family \$6000





Call 800-261-2393, or visit www.EHP.org

X12 918 0300002

EHP Customer Service: 1-800-261-2393
Website: EHP.org
Provider Search: EHP.org/find-a-provider: my.Cigna.com
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Cigna Eligibility/Benefits/Precertification: 800-261-2393

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AWAY FROM HOME CARE

New for 2024

Employer Health Programs

New for 2024: 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.

New for 2024: UpLift Behavioral Health

- EHP 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.

New for 2024: PrudentRx

- PrudentRx Program: EHP has partnered with PrudentRx on a program that will help members save money when they fill eligible specialty medications. This program is effective January 1, 2024.
- All medications on the PrudentRx Specialty Drug List are subject to a 30% coinsurance. However, if a member is participating in the PrudentRx program, they will have a \$0 out-of-pocket responsibility for the covered specialty medication prescription.
- Participation in the program includes enrollment in an available manufacturer copay assistance program for the specialty medication being taken. Medications on the PrudentRx Specialty Drug List may only be obtained from Johns Hopkins Outpatient Pharmacies and CVS Specialty Pharmacies.
- Please note the following:
 - The [PrudentRx Specialty Drug List](#) is subject to change, and updated monthly.
 - PrudentRx is available Jan. 1, 2024 for Johns Hopkins Health System and other entities only. BSI is expected to include the benefit starting July 1, 2024.

Vendor Partnerships & Provider Resources

Employer Health Programs

Vendor Partnership: Novologix Medical Injectables

Prior authorization will be required for the medical injectable drug codes listed in this link:

- **Codes Requiring Prior Authorization:**
 - [List of applicable codes for EHP.](#)

How to Request Prior Authorization:

- Providers may submit prior authorization requests electronically by accessing the NovoLogix portal through the [Availity](#) Provider Portal. The Novologix portal must be accessed through [Availity](#) for EHP prior authorization requests.
- Providers may also contact NovoLogix by phone at 844-345-2803.

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 [Avality](#) provider portal, JPAL offers a user- friendly way for providers to look up preauthorization requirements.

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

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](#).

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: Online Provider Update Form

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.

Provider Resource: OnDemand

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.

- 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 do not 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 providers' telemedicine services, but they cannot request to see their PCP through the Johns Hopkins OnDemand Virtual Care program.

Johns Hopkins EHP

Claims & Appeals
Prior Authorization

Claims & Appeals Submission

Billing Address

- Johns Hopkins EHP
P.O. Box 4227
Scranton, PA 18505
- 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 & Appeals Submission

- Claims must be submitted within 180 calendar days of the date of service. The [Provider Claims/Payment Dispute Form](#) can be used for these issues.

A web version of this form is located in [Avality](#) and [HealthLINK](#).

- Administrative appeals (timely filing, care not coordinated by PCP, authorization not on file, member not eligible at time of service, incorrect coding) must be submitted within 90 business days of the date of denial. [The Provider Appeal Submission Form](#) can be used for these issues.
- For additional information on EDI (Electronic Data Interchange), please send an email request to edi@jhhp.org. EDI Payor ID **#52189**.

Facets, PNC/ECHO, Optum CES

- Johns Hopkins Health Plans offers a claims adjudication system, claims payment and remit service, and claims editing system for the following Johns Hopkins Health Plans products:
- **Facets Claims System:**
- Employer Health Programs (EHP) – effective 12/1/2022
- **Claims Address for EHP:**
- EHP: P.O. Box 4227, Scranton, PA 18505
- **Electronic Claims Payments and Remittances**
- EHP transitioned from Change HealthCare to PNC/ECHO for electronic claims payments and remit services.
- **IMPORTANT:** PNC/ECHO will provide payments and remittances by virtual card if the provider does not request paper checks or register to receive reimbursement via EFT(see link below to request paper checks).
 - <https://echovcards.com> or register for EFT at <https://enrollments.echohealthinc.com/EFTERADirect/JohnsHopkins/>
 - PNC/ECHO Customer Service can be reached at 888-697-6755 (8am-6pm ET), for assistance with EFT enrollment call Enrollment Services at 888-834-3511.
- **Claims Editing System** transitioned from ClaimCheck to Optum CES for Employer Health Plan – effective 12/1/2022

Referral and Prior Authorization Process

- **Prior authorization.** Authorization from the insurance plan for a scheduled service (not requiring additional clinical documentation).
- **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.

To find out which services require a referral, prior authorization or medical review, please visit [Avality](#) and click on the link for the Johns Hopkins Prior Authorization Look-Up Tool (JPAL), which is located under the Administration tab.

Johns Hopkins EHP

Other Important Information

Network Appointment 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):
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

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

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

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)

2024 COVID-19 Information

- Johns Hopkins EHP 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 Numbers

Utilization Management

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

DME

- 410-762-5250 Fax

Behavioral Health Services

- 410-424-4476 or 800-261-2429
- 410-424-4891 Fax

Case/Disease Management

- 800-557-6916
- caremanagement@jhhp.org
- compliance@jhhp.org

Cigna

- 866-494-4872

Pharmacy Services

- 888-819-1043, option 4
- 410-424-4607 Fax

Johns Hopkins Health Plans Customer Service

Employer Health Programs (EHP) Customer Service

410-424-4450 or 800-261-2393

ehpcustomerservice@jhhp.org

**Provider Relations: 888-895-4998
(option 4)**

THANK YOU