

Employer Health Programs (EHP)




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

Employer Health Programs (EHP), established in 1996, is a self-funded health plan that serves over 43,000 plan members in Maryland, Southern Pennsylvania, and Northern Virginia.

Member ID 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 Preferred: 25% Non-Preferred: 50%
PCP: \$20 Urgent Care Facility: \$40 Emergency Room: \$250	Bin: 004336 PCN: ADV Group: RX6795
Plan Deductible: Individual \$500 Family \$1000 Plan OOP Max (Medical): Individual \$3000 Family \$6000	
Out-of-Network care is not covered except in emergencies. For more info, consult your Summary Plan Description. Call 800-261-2393, or visit www.EHP.org	

 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 Preferred: \$40 Non-Preferred: \$65
PCP: \$10 Urgent Care Facility: \$25 Emergency Room: \$250	Bin: 004336 PCN: ADV Group: RX6795
Plan Deductible: Individual \$150 Family \$300 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	

 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 Preferred: \$40 Non-Preferred: \$65
PCP Name: SAMPLE PCP PCP: DPC: \$0 Non DPC: \$10 Urgent Care Facility: \$25 Emergency Room: \$250	Bin: 004336 PCN: ADV Group: RX6795
Plan Deductible: Individual \$150 Family \$300 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	

Phone Numbers

Medical Management

410-424-4480
 800-261-2421
 410-424-4890 Fax

Inpatient

410-424-4894 Fax
 Initial Inpatient:
 410-424-2770 Fax

Outpatient

Medical Review
 410-762-5205 Fax

Outpatient Urgent Requests

410-424-2707 Fax

DME

410-762-5250 Fax

Case/Disease Management

800-557-6916
populationhealth@jhhp.org

Customer Service

(Claims, benefits and eligibility)
 410-424-4450
 800-261-2393

Health Coach Services

410-762-5390
 800-957-9760
healthcoach@jhhp.org

Cigna PPO Network

[Find a provider](#)
 866-494-4872

Pharmacy Services

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

Provider Relations

(Contracts, fee schedules, and demographic changes)
 410-762-5385
 888-895-4998
 410-424-4604 Fax

Behavioral Health Services

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

Claims

Billing Address

Employer Health Programs
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 must be submitted within 180 calendar days of the date of service

Payment Dispute

Please complete the [Payment Disputes Form](#) and fax to 410-424-2800 or mail to:

Johns Hopkins Health Plans
Attn: Adjustments Department
7231 Parkway Drive, Suite 100
Hanover, MD 21076

or submit electronically through [Availity](#).

Medical Necessity/Clinical Appeals

Appeals letters and other clinical information should be mailed or faxed to Johns Hopkins Health Plans.

Please complete the [Participating Provider Appeal Submission Form](#) and fax 410-762-5304 or mail to:

Johns Hopkins Health Plans
Attn: Appeals Department
7231 Parkway Drive, Suite 100
Hanover, MD 21076

or submit electronically through [Availity](#).

For additional information on EDI (Electronic Data Interchange), please send an email request to edi@jhhp.org. EDI Payor ID #52189.

For Electronic Claims Payment and Remittance, contact [PNC/ECHO](#) or 888-697-6755.

Availity Essentials Provider Portal

Availity is a secure, online web portal where providers can check patient eligibility, claims and authorizations status, access plan-specific reports and more.

Register for an Availity account at www.Availity.com or contact your Network Manager. First time users must register for an account. If you need assistance with registration, contact Provider Relations at 888-895-4998.

Prior Authorization Process

Submit Prior Authorization Requests

Complete the [Authorization Request Form](#) and fax to 410-762-5205.

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

EHP 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](#) and [HealthLINK](#) portals, to check and verify prior authorization requirements for outpatient services and procedures.