

Provider Update

This update contains pertinent information about changes that will impact the Johns Hopkins HealthCare provider network.

New Provider Forms for Submission of Payment Disputes and Clinical/Medical Necessity Denial Review Requests

As part of our ongoing efforts to improve the workflow for provider inquiries, we have updated the process for submitting payment disputes and clinical/medical necessity denial reviews.

Effective Sept. 1, 2018, please use the new forms noted below.

For **Priority Partners, Johns Hopkins US Family Health Plan and Johns Hopkins Employer Health Programs (EHP)**, we now offer two separate forms for **Provider Payment Disputes** and **Medical Necessity/Clinical Appeal Requests**.

- **Provider Claims/Payment Dispute and Correspondence Submission Form**

Use this form for provider claim/payment disputes and claim correspondence only. Please do not use this form for clinical/medical necessity appeal requests.

- **Provider Appeal Submission Form - Clinical/Medical Necessity Appeals Only**

Use this form when you want to appeal a clinical/medical necessity denial. If you are a provider submitting appeals through CareLink, please attach this form to your appeal.

For **Johns Hopkins Advantage MD**, one new form for payment disputes, with or without a request for clinical review, will be introduced shortly.

Please be sure to submit one form for each request.

These new forms can be found on www.jhhc.com at the *For Providers* tab, in the “Resources and Guidelines” section under “Forms.”

Please contact the JHHC Provider Relations department at 1-888-895-4998 with any questions or concerns.