



# Provider Update

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

## Clarification of Preservice Appeals Process for Priority Partners

**Effective Date:** Sept. 15, 2020

**Line(s) of Business Affected:** Priority Partners

**Type of Change:** Process

### Explanation of Change:

In order to comply with Maryland regulation [COMAR 10.67.09.0](#), Priority Partners has clarified its preservice appeals process, effective Sept. 15, 2020.

Participating providers in the Priority Partners network do not have appeal rights for preservice appeals; however, they can submit first-level appeals on the member's behalf. All preservice appeals will be processed as member appeals, regardless of who submits them, member or provider. Standard preservice member appeals must be submitted no later than 60 business days after the date of the original denial notification. Priority Partners will send a determination letter within 30 days to the member, with a copy going to the provider. Members have one level of appeal. The member may request a State Fair Hearing if the first-level appeal decision is upheld.

Standard preservice appeals require signed member consent for submission, either by signed letter or using JHHC's [Authorization for Release of Health Information-Specific Request](#) form. This must be submitted along with the appeal to the Appeals department at JHHC. A copy must also be sent to the Compliance department at JHHC.

Expedited appeals, due to their urgency, do not require a written consent from the member. If the appeal needs to be reviewed quickly due to the seriousness of the member's condition, and Priority Partners agrees, the member will receive a decision about their appeal as expeditiously as the member health condition requires or no later than 72 hours from the request.

For more information on the preservice appeals process, please consult the [Priority Partners Provider Manual](#).