US Family Health Plan (USFHP)

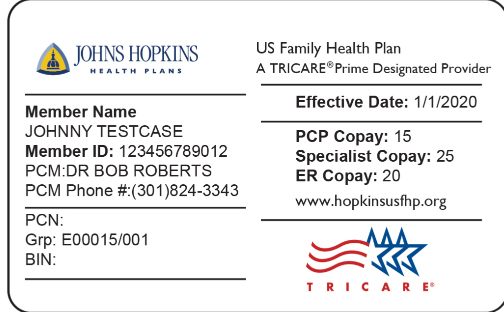
Quick Reference Guide

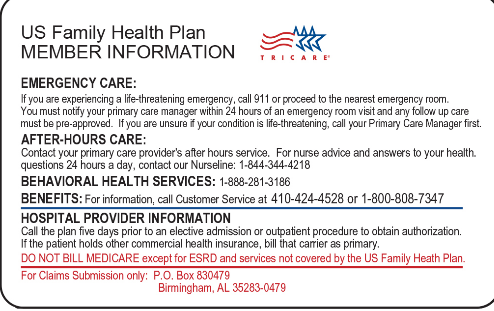
To obtain the most up-to-date information on policies, manuals, directories and other information, providers should review the website on a regular basis: HopkinsHealthPlans.org.

Overview & Important Information

- US Family Health Plan (USFHP) is a health care choice for eligible beneficiaries under the Department of Defense's TRICARE Prime® program.
- Health care is provided to active duty family members, activated National Guard and Reserve family members, and retirees and their family members, including certain "grandfathered" beneficiaries who are age 65 and older.
- For members who have coverage under both USFHP and Medicare:
  - Medicare cannot be billed for services that are covered by USFHP
  - Members filing Medicare claims or members that have claims filed on their behalf are in violation of the conditions of participation for USFHP and are subject to disenrollment
  - Members may only use Medicare benefits for non-covered USFHP services, such as chiropractic care or end-stage renal disease
  - Members utilizing Medicare for benefits covered under USFHP are subject to disenrollment

Member ID Card





Important Phone Numbers

Medical Management
410-424-4480
800-261-2421
410-424-4603 Fax

Inpatient Medical Review
410-424-2602 Fax

Outpatient Medical Review
410-424-2603 Fax

DME
410-762-5250 Fax

Behavioral Health
410-424-4839 Fax

Case/Disease Management
800-557-6916
populationhealth@jhhp.org

Customer Service
(Claims, benefits and eligibility)
410-424-4528
800-808-7347

Pharmacy Services
888-819-1043, option 4
410-424-4037 Fax

Claims

Claims Address

US Family Health Plan/TRICARE
Attn: Claims Department
P.O. Box 830479
Birmingham, AL 35283
Fax: 410-424-2800

Claims Information

- 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 Form.
- Claims must be submitted with a rendering provider's NPI in Box 24J of CMS 1500.
- Referring provider is also required to be noted in box 78/79 on the UB-04 form for outpatient hospital services that do not require an authorization.
- Claims must be submitted within 180 calendar days of the date of service.

Payment Dispute & Clinical Appeals Submission

Payment Disputes

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

For additional information on EDI (Electronic Data Interchange), please send an email request to **edi@jhhp.org.** EDI Payor ID #52123.
Or call Change Healthcare at 866-506-2830.

Medical Necessity/Clinical Appeals

Please complete the Participating Provider Appeal Submission Form and fax to 410-762-5304 or mail to: Johns Hopkins Health Plans
Attn: Appeals Department
7231 Parkway Dr, Ste.100, Hanover, MD 21076
or submit electronically through HealthLINK.

Referral & Prior Authorization Process

Referrals

Referrals do not need to be sent to the health plan. The referral can be sent directly to the specialist, who will enter the referring providers' NPI number in Box 17b of the CMS 1500 Form.

The referring provider is also required to be noted on box 78/79 on the UB-04 form for outpatient hospital services that do not require an authorization.

Please include the referring provider's NPI on the script/referral that is sent to the specialist.

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.

Preventive Care Visit Benefit

USFHP 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 HealthLINK portal, to check and verify prior authorization requirements for outpatient services and procedures.

HealthLINK@Hopkins

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

Register for a HealthLINK@Hopkins account at HopkinsHealthPlans.org 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.