

Johns Hopkins Health Plans

AAHAM

Presented by the Johns Hopkins Health Plans Provider Relations Department

Agenda

- Introductions
- About Johns Hopkins Health Plans
- Provider Website
- Johns Hopkins Health Plans Products
 - Johns Hopkins Advantage MD (HMO, PPO, Group and D-SNP)
 - Johns Hopkins Employer Health Programs (EHP)
 - Priority Partners Managed Care Organization (PPMCO)
 - Johns Hopkins US Family Health Plan (USFHP)
- New for 2024
- Claims & Payment Resources

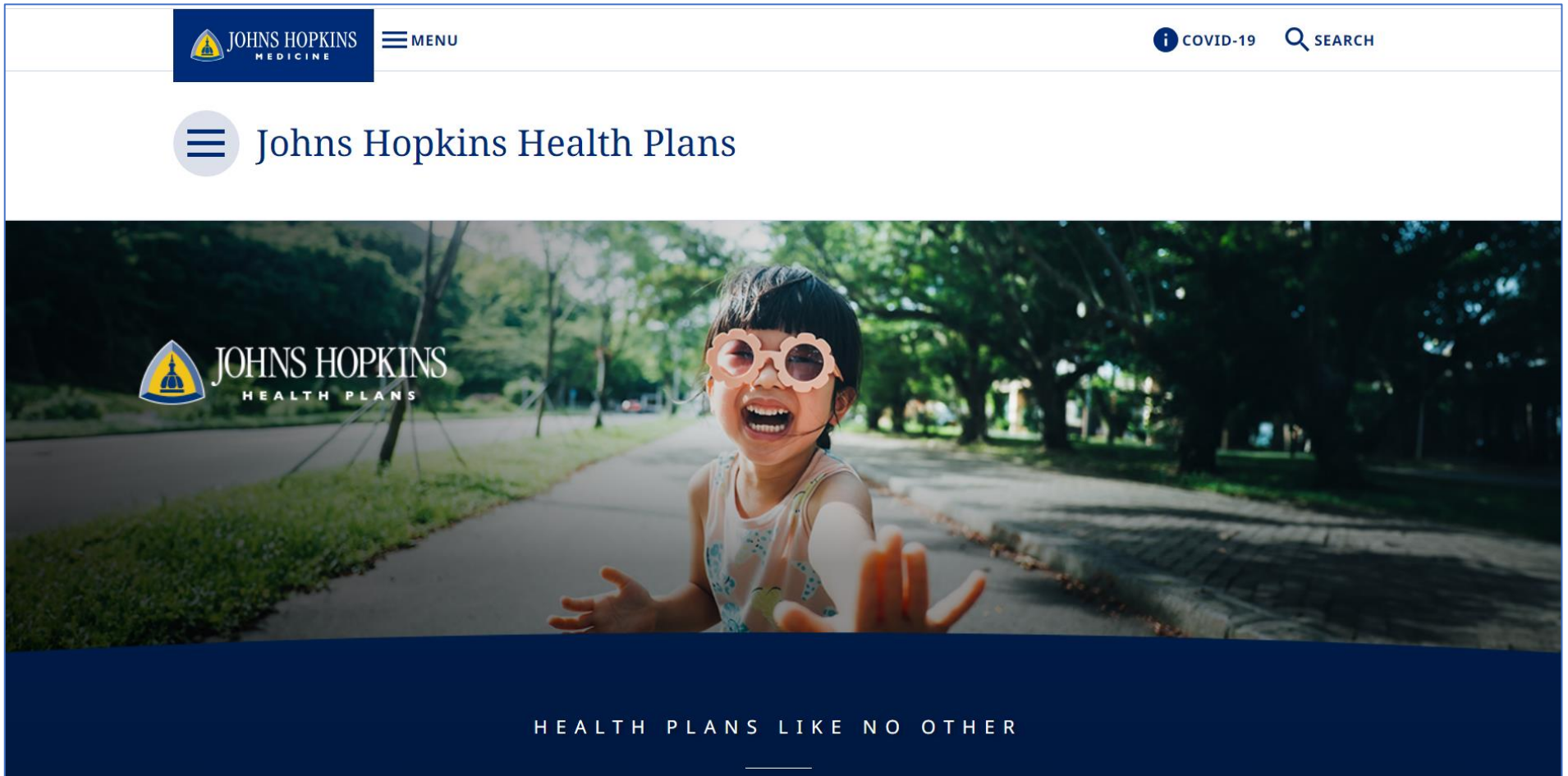
Johns Hopkins Health Plans Mission and Vision



- **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



Johns Hopkins Advantage MD Product Overview

MEMBERSHIP: 14,532

Advantage MD Product Overview

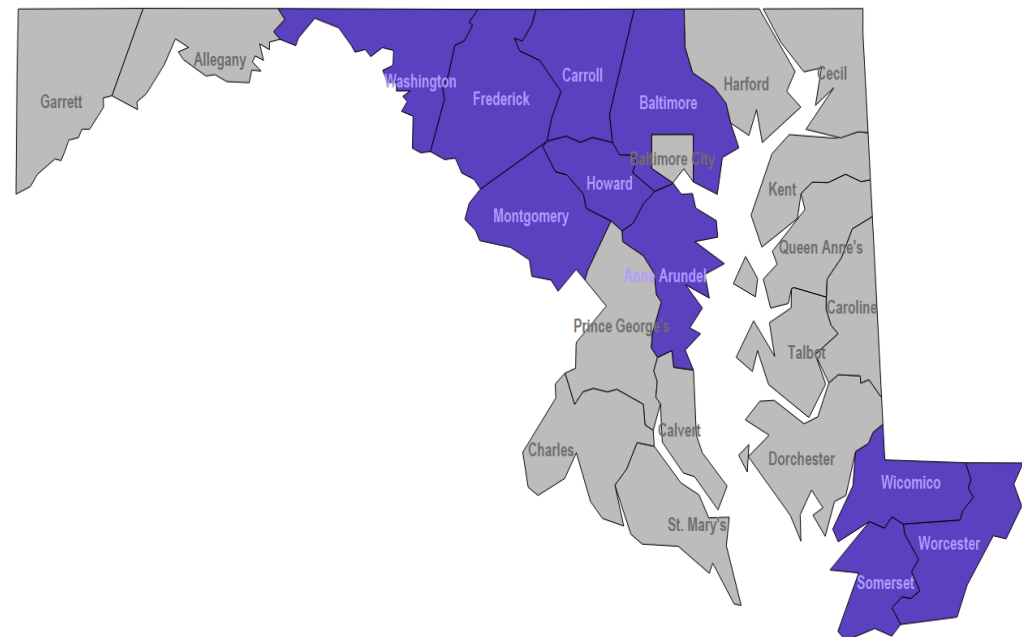
- Advantage MD HMO
- Advantage MD HMO Tribute
- Advantage MD D-SNP HMO
- Advantage MD PPO
- Advantage MD PPO Plus
- Advantage MD PPO Premier, PPO Primary
- Advantage MD Group
- HMO Select (VA only)

Advantage MD Service Area in Maryland

Service Area is defined as a geographic area where a health plan can accept members.

- Anne Arundel County
- Baltimore County
- Carroll County
- Frederick County
- Howard County
- Montgomery County
- Somerset County
- Washington County
- Wicomico County
- Worcester County

NOTE: Advantage MD Group is available in
Delaware, District of Columbia,
Florida, Georgia, Maryland, North Carolina,
Pennsylvania, South Carolina and Virginia



Advantage MD HMO-DSNP Service Area



Anne Arundel County

Baltimore County*

Carroll County*

Frederick County*

Howard County

Montgomery County

Somerset County*

Washington County*

Wicomico County*

Worcester County*

***Effective January 1, 2024**

Advantage MD HMO & D-SNP

ADVANTAGE MD
Johns Hopkins Medicare Advantage Plan

Member Name
<F_NAME M_L_NAME>

Member ID: <SBSB_ID>
Health Plan: H1225 001
PCP: <PRPR_NAME>
Phone#: <PRAD_PHONE>

RxBIN: 004336
RxPCN: MEDDADV
RxGRP: <MEMR_MCTR_RX_GROUP>

CVS caremark

Johns Hopkins Advantage MD (HMO)

Effective Date: <MEIA_REQ_DT>

In-Network
Office Visit Copay: <XX>
Specialist Copay: <XX>
Urgent Care Copay: <XX>
ER Copay: <XX>

There are no out-of-network benefits. Members are fully liable for the cost of out-of-network services.

MedicareRx
Prescription Drug Coverage

ADVANTAGE MD
Johns Hopkins Medicare Advantage Plan

DO NOT BILL MEDICARE
Medicare limiting charges apply.

Submit medical claims to:
Johns Hopkins Advantage MD
PO Box 3537
Scranton, PA 18505

For benefit information call Customer Service (Members and Providers):
1-877-293-4998
TTY: 711 or visit
www.hopkinsmedicare.com

24-hour Nurse Chat Line:
1-866-262-8828

For non-Medicare covered dental related inquiries, please contact
DentaQuest: 1-844-231-8318

Prior Authorization: 1-877-293-4998
Pharmacist Use Only: 1-866-693-4620

Present this card at the time of service and with every prescription.

Center for Medicare and Medicaid Services (CMS) Special Needs Plans (SNPs) are a specific type of Medicare Advantage coordinated care plan that provides targeted care to individuals with unique, special needs.

- D-SNP members are those who are eligible for both Medicare and Medicaid (dual eligible).
 - Qualify for Medicare because of age (65 or older) or due to a disability.
 - Eligible for Medicaid because they meet the requirements to qualify for Medicaid in the State of Maryland.

IMPORTANT NOTE: PLEASE COMPLETE THE YEARLY D-SNP TRAINING AND ATTESTATION FORM

Advantage MD PPO

ADVANTAGE MD
Johns Hopkins Medicare Advantage Plan

Member Name
<F_NAME M L_NAME>

Member ID: <SBSB_ID>
Health Plan: H3690 D01

Effective Date: <MEIA_REQ_DT>

	In Network	Out-of-Network
Office Visit Copay: <\$XX>	<\$XX>	<\$XX>
Specialist Copay: <\$XX>	<\$XX>	<\$XX>
Urgent Care Copay: <\$XX>	<\$XX>	<\$XX>
ER Copay: <\$XX>	<\$XX>	<\$XX>

CVS caremark **MedicareRx**
Prescription Drug Coverage

ADVANTAGE MD
Johns Hopkins Medicare Advantage Plan

DO NOT BILL MEDICARE
Medicare limiting charges apply.

Submit medical claims to:
Johns Hopkins Advantage MD
PO Box 3537
Scranton, PA 18505

Out-of-network fees may apply; for benefit information visit www.hopkinsmedicare.com or call Customer Service.

Present this card at the time of service and with every prescription.

Customer Service (Members and Providers): 1-877-293-5325
TTY: 711

24-hour Nurse Chat Line:
1-866-202-8828

For non-Medicare covered dental related inquiries, please contact DentaQuest: 1-844-231-8318

Prior Authorization: 1-877-293-5325
Pharmacist Use Only: 1-866-693-4620

PPO, PPO Plus, PPO Premier, PPO Primary & Group

- Flexibility in choosing physicians and specialists
- Monthly premium higher than HMO plans
- No referrals needed, but higher out-of-pocket costs than HMOs
- Coverage outside of the plan network (cost sharing may be higher)
- Robust supplemental benefits with premium products

Virginia Expansion Effective 1/1/2024

JH Advantage MD Select HMO Service Area



Inflation Reduction Act: 2024 New Updates

Through the Inflation Reduction Act, members will save money with Medicare by improving access to affordable treatments and strengthening the Medicare program. All **Advantage MD Plans** will implement these changes to members Part D coverage:

- Reduced copays on Insulins for all Advantage MD **Plans**
- The cost of a month's supply of each Part D-covered insulin will be **capped at \$35.**
- Member's won't have to pay a **deductible** for insulin.
- Member cost share for Insulins will be \$35 for a one-month supply and up to \$105 for a three-month supply with additional savings for mail order.

Inflation Reduction Act: 2024 New Updates (continued)

- Starting on Jan. 1, 2024, **All Advantage MD Plans** will implement these changes to members Part D coverage
- Low-Income Subsidy Program: there will no longer be a partial program in the Low-Income Subsidy program.
 - Full benefits will be offered to people with Medicare with limited resources and incomes up to 150 percent of the federal poverty level, which in 2023 is \$21,870 per year for an individual.
 - With full benefits, the majority, if not all out-of-pocket costs for prescription medications will be covered. People who qualify for Extra Help will pay:
 - No deductible
 - No premium
 - Fixed lower copays for certain medications
- The five percent (5%) prescription cost-sharing obligation for Part D will be eliminated.
 - When someone on Medicare has spent \$3,100, they will enter what's called the catastrophic phase of their benefit. In this phase, the member will have no cost sharing of prescription drugs for the remainder of the year.

2024 Supplemental Benefits

Silver & Fit Healthy Aging & Exercise Program

Benefits include:

- Fitness Center Access: Single-facility Access
- \$0 Membership fee
- National Service area with MD core states
- Get Started Guide
- Home Fitness Kit
- Digital Workout Library
- Connected! With Rewards
- Healthy Aging Coaching
- Standard Fitness Network Choices

Over the Counter (OTC) Program

Examples of OTC items:

- First aid and medical supplies
- Cough, cold and allergy
- Pain relievers and sleep aids
- Personal care
- Antacids and digestive care
- Vitamins and minerals
- Eye, ear, and dental care
- COVID 19 at-home test kits



2024 Supplemental Benefits

Roundtrip

Available to HMO Select and D-SNP Members only

- Round Trip is a transportation company that offers health related rides to our members.
- 24 one-way trips will be available for members to get rides to doctors appointments, pick up pharmacy prescriptions, etc.



Johns Hopkins Employer Health Programs (EHP) Product Overview

MEMBERSHIP: 47,131

EHP Overview

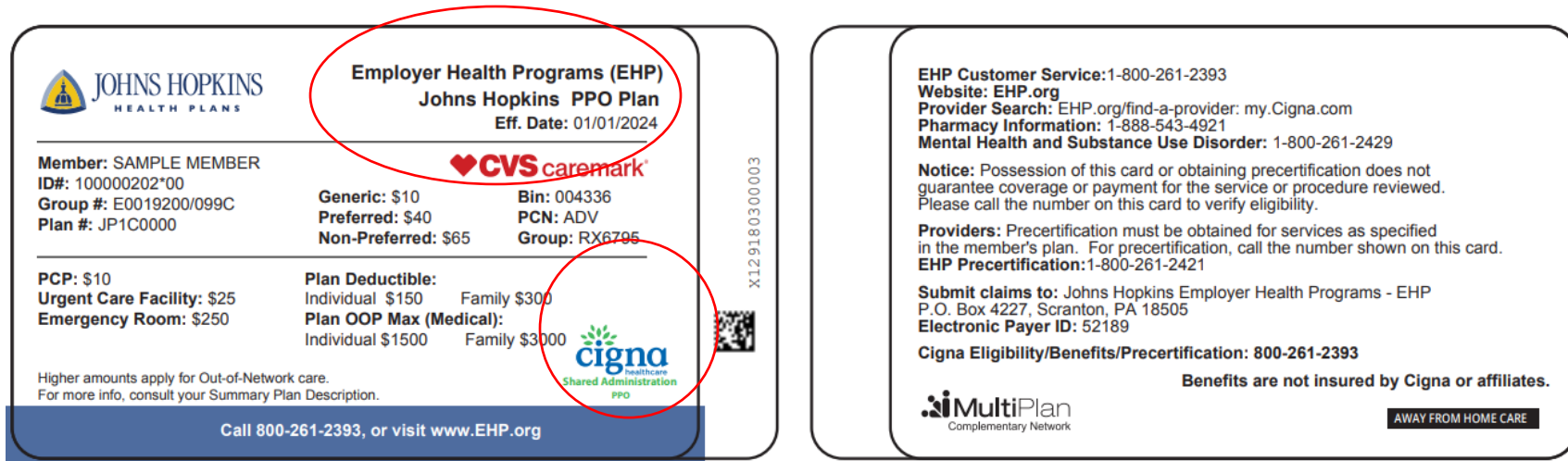
- EHP offers programs and services to help members better manage their health. EHP offers the EHP Benefits Explorer, an interactive tool designed to help EHP members quickly and easily find coverage information related to specific services.
- For detailed information on what each individual employer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

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](https://www.ehp.org)

*JHU retirees will no longer have EHP as of 4/1/24; please contact Quantum Health at 844-460-2801 as of 4/1/24.

New--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

New for 2024: PrudentRx

- PrudentRx Program: EHP has partnered with CVS Health and 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.
 - NOTE: 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.



Priority Partners Product Overview

MEMBERSHIP: 349,104

Priority Partners Overview

- The HealthChoice plan provided through Priority Partners includes coverage for Medical Assistance for Families and the Maryland Children's Health Plan for pregnant women and children.
- Priority Partners offers special needs and outreach programs to assist provider's offices in improving no-show rates by helping members get into care and partnering with them to provide special programs for diabetics, pregnant women and members with chronic diseases.

Key Provider Updates for Medicaid (PPMCO)

- New Programs from Maryland Department of Health (MDH)

Healthy Babies Equity Act – HB 1080:

The MDH's Medical Assistance Program provides comprehensive coverage to non-citizen pregnant Marylanders who would otherwise be eligible for Medicaid or Maryland Children's Health Program, but for their immigration status, as well as their children up to the age of one year, as required by HB 1080–Healthy Babies Equity Act (Ch. 28 of the Acts of 2022). This program went into effect July 1, 2023.

The benefit will provide coverage during the pregnancy and four months of comprehensive coverage during the postpartum period. The non-citizen pregnant individual (birthing parent) will be eligible for the same benefits package available to other pregnant individuals, including physical and behavioral health services, as well as dental and prescription drug coverage without copays.

Enhanced Reimbursement: Healthy Steps:

To be eligible for additional reimbursement, a group must be currently and actively meeting the HealthySteps National Office (ZERO TO THREE) fidelity requirements, or deemed as being on track to fidelity. Groups must update their ePREP account to reflect their ZERO TO THREE accreditation status. To update, a group should initiate a supplemental application in ePREP and attach their ZERO TO THREE accreditation letter attesting their status. Those steps will allow the group to add the code H0025 “Behavioral health prevention education service” to each pediatric E&M or well-child visit encounter that includes HealthySteps services and was provided in the clinic or outpatient setting. This code will pay an additional \$15 per participant per visit, up to age 4. Please visit <https://health.Maryland.gov> for more information.

New for 2024: Maternal Health Focus

Home Health Services

- Home Visiting services are designed for pregnant people to get the care and support they need to have a healthy pregnancy and healthy child. These services are usually provided in the home by a specially trained professional or a nurse. After pregnancy, your home visitor will continue to support the Priority Partners member and their child, up to their second or third birthday, depending on the program.
- Maryland Medicaid currently offers two evidence-based home visiting models, Healthy Families America and Nurse Family Partnership.
- Home Visiting Services are free for eligible Priority Partners members.

Doula Services

- A doula, or birth worker, is a trained professional who provides physical, emotional, and informational support to birthing parents. This support can happen before, during, and after birth. Doulas serving Priority Partners members will provide person-centered care that supports their racial, ethnic, and cultural diversity.
- Doulas provide three kinds of services: before birth (prenatal) visits, attendance at the birth, and after birth (postpartum) visits. The prenatal/postpartum visits are often in the birthing parent's home.
- Doulas are non-clinical providers, and cannot perform the work of a nurse-midwife, nurse practitioner or doctor.

Member ID Card

 **PRIORITY PARTNERS**

Customer Service: 1-800-654-9728
TTY LINE: 410-424-4643
www.ppmco.org

Name:
J PENNAME

ID#: 101234567*00 **Recipient #:** 44302102004
Case #: 112497079 **Eff. Date:** 03/01/2022

Doctor:
ANONYMOUS PROVIDER MD

Doctor Phone: (301) 000-0000

RX Co-Pay: \$1.00 **Brand:** \$3.00
RX Co-Pays apply to members age 21+

Group: RX6810 PCN: ADV Bin #: 610084 

X00001



Benefits & Customer Service 1-800-654-9728
Call us before any inpatient admission or within 24 hours of urgent/emergency inpatient admission.

Maryland Health Connection 1-855-642-8572

Vision Benefits **Dental Benefits**
Superior Vision 1-800-428-8789

Pharmacy Information 1-855-298-4258

Maryland Department of Health
HealthChoice Enrollee Help Line 1-800-284-4510

Behavioral Health 1-800-888-1965

Submit claims to: Priority Partners MCO
P.O. Box 4228
Scranton, PA 18505

USFHP Product Overview

MEMBERSHIP: 52,055

USFHP Product Overview

Johns Hopkins US Family Health Plan (USFHP) is a health care choice for eligible beneficiaries under the Department of Defense's TRICARE Prime program.

USFHP Product Overview

Health care is provided to:

- Active duty family members
- Activated National Guard and reserved family members
- Retirees and their family members
- Certain grandfathered beneficiaries who are age 65 and older

New in 2024: Preconception and Prenatal Testing

USFHP covers preconception and prenatal carrier screening for the following conditions:

- Cystic fibrosis
- Spinal muscular atrophy
- Fragile X syndrome
- Tay-Sachs disease
- Hemoglobinopathies
- Conditions linked with Ashkenazi Jewish descent

The TRICARE benefit will cover one test per condition throughout the beneficiary's lifetime regardless of risk status.

- Codes 81200, 81205, 81209, 81242, 81250, 81251, 81260, 81290, 81330, 81361, 81362, 81363, 81364, 81412, 81443, 0236U covered with prior authorization.

New in 2024: Behavioral Health Audit

Beginning in 2024, USFHP is conducting an annual statistically valid sample size audit of Behavioral Health (BH) network providers documentation for the following standardized measures:

- Post-Traumatic Stress Disorder (PTSD)
- Anxiety disorders
- Depressive disorders


The audit is across all BH settings (outpatient mental health (MH) and SUD, Opioid Treatment Programs (OTPs), Intensive Outpatient Programs (IOPs), partial hospitalization, psychiatric RTCs, and inpatient/residential Substance Use Disorder Rehabilitation Facilities (SUDRFs)) and when age appropriate, USFHP will report audit results of the Standardized Behavioral Health Measures that complies with the requirements in the TOM Chapter 7, Section 6, Para 8. (CDRL A090)

Behavioral Health Audit (continued)


- USFHP is also creating educational materials for behavioral and mental health providers to promote the use of required standardized measure assessments. The materials will be posted on our website: www.HopkinsHealthPlans.org
- USFHP will use claims data to identify all providers submitting anxiety, depressive disorder, and/or post-traumatic stress syndrome, either as primary or secondary.
- Direct outreach will be made to diagnosing providers to ensure they are performing the appropriate assessments in accordance with timelines outlined in this requirement. Outreach may be conducted telephonically, electronically, or in-person, depending on volume of claims and members captured in claims review.

Member ID Card

Front

 JOHNS HOPKINS MEDICINE US FAMILY HEALTH PLAN		A TRICARE Prime designated provider.
PCN: ADV Grp: RX4291 BIN: 004336	Name: Sample Card PCM: Physicians Name PCM Phone #: 412-345-6789 Member #: 123456789 Effective: 01/01/2023 CoPays: PCP: \$24 Spec: \$36 ER: \$73 www.hopkinsufhp.org	

Back

US Family Health Plan MEMBER INFORMATION	
EMERGENCY CARE: If you are experiencing a life-threatening emergency, call 911 or proceed to the nearest emergency room. You must notify your primary care manager within 24 hours of an emergency room visit and any follow up care must be pre-approved. If you are unsure if your condition is life-threatening, call your Primary Care Manager first.	
AFTER-HOURS CARE: Contact your primary care provider's after hours service. For nurse advice and answers to your health questions 24 hours a day, contact our Nurseline: 1-844-344-4218	
BEHAVIORAL HEALTH SERVICES: 1-888-281-3186	
BENEFITS: For information, call Customer Service at 410-424-4528 or 1-800-808-7347	
HOSPITAL PROVIDER INFORMATION Call the plan five days prior to an elective admission or outpatient procedure to obtain authorization. If the patient holds other commercial health insurance, bill that carrier as primary. DO NOT BILL MEDICARE except for ESRD and services not covered by the US Family Health Plan.	
For Claims Submission only: P.O. Box 830479 Birmingham, AL 35283-0479	

New in 2024: UpLift Virtual Behavioral Health Services

- All plan members of **Advantage MD, EHP and USFHP** 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 join UpLift.co to learn more and to find a provider.

Claims & Payment Resources

NEW! Availity Essentials – Provider Portal

As of October 21, 2023, Priority Partners, Johns Hopkins Advantage MD, and Johns Hopkins Employer Health Programs are live on Availity. Johns Hopkins USFHP is not yet on Availity, please continue to use HealthLINK for USFHP.

- Johns Hopkins Health Plans is taking a phased approach with the new provider portal. The following functions are currently 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
 - Access to JPAL
 - Direct access to submit electronic payment disputes and clinical appeals for Priority Partners and JH EHP
 - Direct access to eviCore and Novologix portals

Coming in 2024:

- Electronic submission of prior authorization requests for PP, EHP and JH Advantage MD
- Authorization status
- Reports & more!

Claims & Payment Resources (continued)

Electronic Claims Payments and Remittances

- EHP and Priority Partners transitioned from Change HealthCare to PNC/ECHO for electronic claims payments and remit services.
<https://echovcards.com> or register for EFT at <https://enrollments.echohealthinc.com/EFTERADirect/JohnsHopkins/>
 - PNC/ECHO Customer Service 888-697-6755
 - For assistance with EFT enrollment call 888-834-3511
- USFHP and JH Advantage MD use Change Healthcare.

Claims & Payment Resources (continued)

Payment Disputes

- Priority Partners/EHP: Submit electronically via Availity or via fax or mail using the Provider Claims Payment Dispute form found at hopkinsmedicine.org.
- USFHP: Submit electronically via Healthlink or via fax or mail using the Provider Claims Payment Dispute form found at hopkinsmedicine.org.
- Advantage MD: Submit with the Participating Provider Post Service Payment Dispute form found at hopkinsmedicine.org via fax or mail.

Clinical Appeals

- Priority Partners/EHP: Submit electronically via Availity or via fax or mail using the Provider Clinical Appeal Submission form found on hopkinsmedicine.org
- USFHP: Submit electronically via HealthLink or via fax or mail using the Provider Clinical Appeal Submission form found on hopkinsmedicine.org.
- *Note: For Advantage MD, there is one Payment Dispute form to be used for a claims payment dispute or clinical dispute
- *Both Clinical Appeals & Payment Disputes are required to be filed within 90 days of the denial.

Provider Resources

[HealthLink at Hopkins \(USFHP\)](#)

HealthLINK@Hopkins is a secure, online web portal for Johns Hopkins Employer Health Programs (EHP), Johns Hopkins US Family Health Plan (USFHP), Priority Partners, and Advantage MD members and their in-network providers.

- As a **provider** you can:
- Submit claims and search for existing claims
- Submit electronic claims disputes or clinical appeals for USFHP
- Review electronic remittance advice or download onto a PC
- Search for members based on name, member ID, PCP or DOB
- Receive reports such as member rosters
- Check status of authorizations request
- Directly enter certain services for prior authorization through iExchange for EHP/PP/Advantage MD

[Availity](#) (EHP, Priority Partners, & Advantage md ONLY; USFHP to be added in the future)

- Submit claims or view status of claims
- View remittance advices
- Check member eligibility and benefits
- Submit electronic payment disputes and clinical appeals for EHP and PPMCO

[JPAL](#)

The Johns Hopkins Prior Authorization Lookup tool (JPAL) is a provider resource to check preauthorization requirements for outpatient services and procedures, and can be accessed in the Availity portal.

Vendor Partnerships

Vendor Partnerships

eviCore

Johns Hopkins Health Plans has partnered with eviCore healthcare to provide patients with access to high quality, medically appropriate care that is consistent with evidence-based treatment guidelines. **Advantage MD and Priority Partners** providers are required to obtain prior authorization for certain high tech diagnostic, advanced cardiac imaging, labs, MSK advanced procedures and therapies, as well as post-acute care services; certain lab services are subject to post-service claims review.

Novologix

Johns Hopkins Health Plans **Advantage MD, EHP** and **Priority Partners** engage Novologix (CVS Health) to manage its prior authorization process for certain provider-administered medications to determine medical necessity.

Progeny

Progeny Health's neonatal care management program enhances services to our **EHP & Priority Partners** members and supports our mission to make a lasting difference in our members' lives by improving their health and well-being. Progeny manages the prior authorization process for NICU admissions and pediatric readmissions within first year of discharge from the NICU.

Johns Hopkins Health Plans Customer Service

Postal Address & Deliveries:

- **Johns Hopkins Health Plans**
7231 Parkway Drive, Suite 100
Hanover, MD 21076
- **Provider Relations**
[888-895-4998 \(option 4\)](tel:888-895-4998)
- **Advantage MD Customer Service**
HMO: [877-293-4998](tel:877-293-4998)
PPO: [877-293-5325](tel:877-293-5325)

- **Employer Health Programs (EHP) Customer Service**
[410-424-4450](tel:410-424-4450) or [800-261-2393](tel:800-261-2393)
[ehpcustomerservice@jhhp.org*](mailto:ehpcustomerservice@jhhp.org)
- **Priority Partners Customer Service**
[800-654-9728](tel:800-654-9728)
ppcustomerservice@jhhp.org *
- **US Family Health Plan (USFHP) Customer Service**
[410-424-4528](tel:410-424-4528) or [800-808-7347](tel:800-808-7347)
[usfhpcustomerservice@jhhp.org*](mailto:usfhpcustomerservice@jhhp.org)

*Please do not send any Protected Health Information (PHI) and personal medical information when using any of the email links above. Please include contact information in case we need to reach you.

THANK YOU!