

# Johns Hopkins Health Plans

Provider Education Presentation-AAHAM

Presented by the Johns Hopkins Health Plans Provider Relations Department

Johns Hopkins Health Plans

MISI | 43W | 2202023

# Agenda

- Welcome
- New for 2025
- Johns Hopkins Health Plans
  - **Johns Hopkins Advantage MD (HMO, PPO, Group and D-SNP)**
  - **Johns Hopkins Employer Health Programs (EHP)**
  - **Priority Partners Managed Care Organization**
  - **Johns Hopkins US Family Health Plan (USFHP)**
- Important Information

# Johns Hopkins Health Plans

## Advantage MD Products (Medicare Advantage )

- Advantage MD HMO
- Advantage MD HMO Tribute
- Advantage MD Select (HMO) (Virginia only)\*
- Advantage MD D-SNP HMO
- Advantage MD PPO
- Advantage MD PPO Plus
- Advantage MD PPO Primary
- Advantage MD Group

\*Advantage MD PPO Premiere discontinued for 2025

\*Fairfax, Falls Church and Arlington counties

## Employer Health Program

- 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](http://EHP.org)

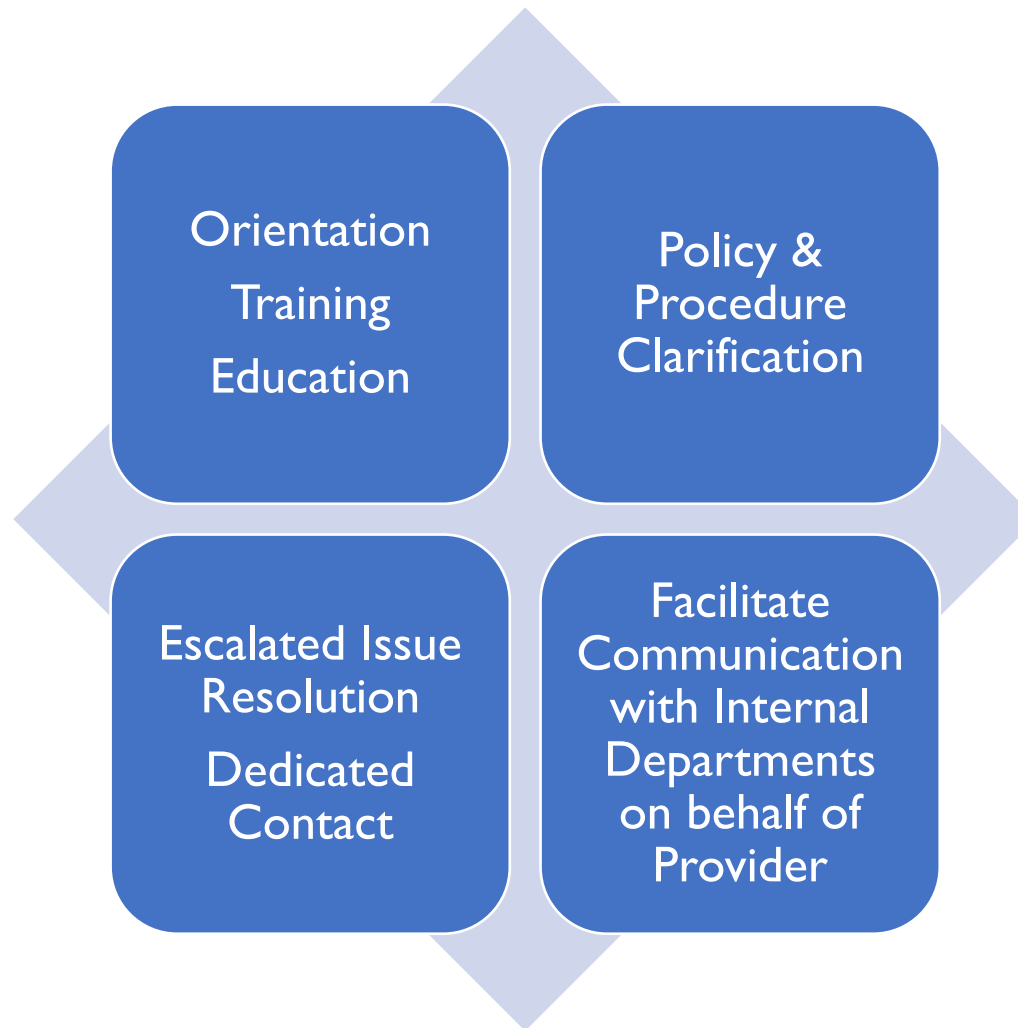
## Priority Partners (Maryland MCO Product)

- Authorized in the State of Maryland
- Provides healthcare to Medicaid and MCHP eligible recipients

## USFHP

- Provides healthcare to:
- Active Duty family members
- Activated National Guard and Reserve Family Members
- Retirees and their family members
- Certain beneficiaries age 65 and older

# What can your Provider Relations Representative do for you?



# JHHP Provider Relations Contacts

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<b>Assigned Territory</b>	Counties: <ul style="list-style-type: none"> <li>• Caroline</li> <li>• Dorchester</li> <li>• Kent</li> <li>• Queen Anne's</li> <li>• Somerset</li> <li>• Talbot</li> <li>• Wicomico</li> <li>• Worcester</li> <li>• Cecil</li> <li>• Harford</li> </ul> Delaware Southern PA	Johns Hopkins Entities Home Health & DME Infusion	Counties: <ul style="list-style-type: none"> <li>• Baltimore</li> <li>• Carroll</li> </ul>	Counties: <ul style="list-style-type: none"> <li>• Anne Arundel</li> <li>• Charles</li> <li>• Calvert</li> <li>• St. Mary's</li> <li>• Montgomery</li> </ul>	<ul style="list-style-type: none"> <li>• DC</li> <li>• Virginia</li> <li>• Florida</li> <li>• Lab &amp; Radiology</li> <li>• Patient First Urgent Care Centers</li> </ul>	Counties: <ul style="list-style-type: none"> <li>• Prince George's</li> <li>• Howard</li> <li>• Frederick</li> <li>• Washington</li> <li>• Alleghany</li> <li>• Garrett</li> <li>• Baltimore City</li> <li>• FQCH's</li> </ul>	<ul style="list-style-type: none"> <li>• Private Duty Nursing</li> <li>• Dialysis</li> </ul>	Vendors: <ul style="list-style-type: none"> <li>• Cigna</li> <li>• Superior Vision</li> <li>• Dentaquest</li> <li>• Delta Dental</li> <li>• United Concordia</li> </ul>

# New for 2025

Johns Hopkins Health Plans

# Johns Hopkins Advantage MD

# New for 2025: Advantage MD

CMS Guidance Changes

## Medicare Reform Changes



2023

- 1. Vaccines without co-pays
- 2. Insulin co-pays limited to \$35/month



2024

- 1. Giving more people "Extra Help"
- 2. Elimination of 5% coinsurance for catastrophic phase



2025

- 1. A \$2,000 annual cap on prescription costs
- 2. Monthly payments that can "smooth" yearly out-of-pocket costs for prescription medications



<https://www.panfoundation.org/everything-you-need-to-know-about-medicare-reforms/>

<https://www.hopkinsmedicare.com/the-donut-hole-gap/>

## CMS Guidance Changes

# Medicare Prescription Payment Plan (M3P)

- Beginning 2025 members can participate in the prescription payment plan, depending on their drug costs
- Members opting- in will not pay at the pharmacy- they will be billed by the plan monthly
- CVS Caremark is the partnering vendor



<https://www.cms.gov/inflation-reduction-act-and-medicare/part-d-improvements/medicare-prescription-payment-plan>

## 2025 Vendor & Programs

### Part D Deductibles

- Plans with a deductible include:
- HMO
- HMO Select
- PPO
- PPO Plus
- PPO Primary  
Part D Deductible = \$590

Tiers 3, 4, and 5 will apply toward the deductible

Tiers 1 and 2 will continue to have copays

Tiers 3 and 4 will now have a 25% coinsurance

Tier 5 coinsurance reduced from 33% to 25%



# Johns Hopkins Employer Health Programs (EHP)

# New for 2025: EHP

- **New Group—All Children’s Hospital: New Group**  
Number E0030000
  - Matches the 2025 PPO and EPO plans: Medical and RX
- Plan coverage for Ambulatory Surgery Center (POS 24) in-network co-insurance has been increased
  - Plans pay 85% EHP network, 95% Hopkins Preferred Network
- Visit limits for Occupational, Physical and Speech Therapy have been removed
- Home Health benefit increases to 180 visits per plan year



# Priority Partners

# New Behavioral Health Vendor for MCOs

Effective January 1, 2025, the Administrative Services Organization (ASO) for the Maryland Public Behavioral Health System will be transitioning from Optum Maryland to Carelon Behavioral Health.

For questions regarding the transition, providers should reference several helpful documents posted on the Behavioral Health ASO Transition webpage on the Optum Maryland website. Carelon and MDH have prepared a series of FAQs that contain helpful answers to questions that have come up during the transition. For any additional questions, providers should feel free to send them to: [MDHtransitionsupport@carelon.com](mailto:MDHtransitionsupport@carelon.com).

# New for 2025: Priority Partners

- Priority Partners announces a new program in collaboration with the digital health solution provider known as [Mae Health](#), focusing on reducing health disparities for expectant mothers. Doula services from a state of Maryland-certified doula are a covered benefit available to all Priority Partners members during pregnancy and for one year postpartum.
- Doula services, like those included in Mae's provider solution and offered through Priority Partners, are a proven community-based, low-cost approach to improving maternal health. By providing access to doulas and resources to support well-being in pregnancy, Mae will help alleviate systemic inequities in maternal care.
- Members can self-refer or providers can refer members to the [Mae Health website](#) to learn more and access this service.

# Maternal Health Focus

## Centering Pregnancy Program:

- Centering Pregnancy is an evidence-based group prenatal care model for low-risk pregnancies. Facilitators support a cohort of eight to ten individuals of similar gestational age through a curriculum of ten interactive group perinatal care visits that consist of discussion sessions covering medical and non-medical aspects of pregnancy, including nutrition, common discomforts, stress management, labor and birth, breastfeeding, and infant care.
- Effective January 1, 2025, a practice (OB-GYN, Pediatric, Family Medicine, Midwives, Nurse Practitioners, Doulas) must be accredited or pending accreditation by the Centering Healthcare Institute (CHI), in addition to being licensed. Both the group and each individual rendering provider will need to submit supplemental applications in ePREP to add this new service.
- Groups must update their ePREP account to reflect their CHI licensed status. To update, a group should start a supplemental application in ePREP and attach their CHI approval letter attesting their status, as well as the [Group Centering Pregnancy Addendum](#).
  - Individual rendering providers will also need to submit an [Individual Centering Pregnancy Addendum](#) with the group's accreditation attached.
- The above steps will enable the group to add the code 99078 'group educational services by physician' to up to ten Centering Pregnancy perinatal visit claims for patients who are enrolled in and receive prenatal care in the Centering Pregnancy program. This code will pay an additional \$50 per participant per visit, for up to ten group perinatal care visits or \$500.
- Please see MDH Transmittals [PT30-23](#) and [PT61-23](#) and the [MDH Medicaid Centering Pregnancy Provider Information webpage](#) for more information.

# 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.

# Johns Hopkins US Family Health Plan

# New for 2025: USFHP

- TRICARE recently updated its policy to expand hearing aids and hearing aid services eligibility. Hearing aids and hearing aid services and supplies are covered for eligible Active Duty Family Members. Backdated effective December 22, 2023, hearing aids, services and supplies have been extended to child dependents of eligible retirees. Prior authorization is required to confirm eligibility and clinical criteria.
- For USFHP members that do not qualify for coverage under the TRICARE policy, USFHP offers a value-add benefit with Access Hears.

## Access HEARS

- Access HEARS offers **50% off over-the-counter hearing aids and personal amplifiers** to eligible USFHP members.
- To qualify for this discount, members must meet the following criteria:
- Be a US Family Health Plan Retiree member or eligible retiree family member
- Have mild to moderate age-related hearing loss

If you treat a patient who meets the above criteria, please let them know about this discount. Eligible individuals can submit an inquiry online at [bit.ly/JH\\_USFHP\\_HearingDevices](https://bit.ly/JH_USFHP_HearingDevices).

- Eligible participants will have an initial phone interview to discuss hearing loss, available options, and how Access HEARS can help them navigate the process of hearing care. Following a virtual or face-to-face session, participants will enjoy a free, two-week trial period with no obligation to buy and receive ongoing support throughout the first 12 months.

# Other USFHP Changes for 2025

## **CDC Recommends Lowering the Age for Pneumococcal Vaccination from 65 to 50 Years Old**

- Vaccines are a clinical preventative service (\$0 copay)
- TRICARE coverage is based on CDC/ACIP recommendation, TPM Ch 7 Sec 2.2

\*Reference: [Statement by CDC](#)

# Behavioral Health Audit Continuance

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](http://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.

# Important Information for All Plans

# JHHP Provider Website/Resources

hopkinsmedicine.org/johns-hopkins-health-plans/



COVID-19 SEARCH

Johns Hopkins Health Plans



[Provider Manuals](#)

[Forms \(Provider Dispute, Clinical Appeals, PCP Change Forms etc.\)](#)

[Availity Web Portal](#)

[Medical Policies](#)

[Reimbursement Policies](#)

[Online Provider Directory](#)

[Resources & Guidelines](#)

[Communications Repository](#)

[Provider Education](#)

# QUICK REFERENCE GUIDES

## Advantage MD (HMO)

### 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](http://HopkinsHealthPlans.org).

#### Overview & Important Information

- Advantage MD HMO and HMO Tribute are Medicare Advantage products administered by Johns Hopkins Health Plans. Advantage MD HMO and HMO Tribute have a closed network and require members to coordinate their care through a designated primary care provider (PCP) by obtaining a referral for all specialty services from an in-network provider; exceptions include emergency and urgent care services. Advantage MD HMO does not provide out-of-network coverage.
- Benefits for Advantage MD HMO and HMO Tribute include lower-cost and easy access to preventative medical services, hospital stays, prescription drugs, preventive dental coverage, and vision care. Advantage MD HMO and HMO Tribute offer value-added benefits such as comprehensive case management programs and post-discharge member resources.
- These plans are specially designed for Medicare-eligible beneficiaries who:
  - Live in Anne Arundel, Baltimore, Carroll, Frederick, Howard, Montgomery, Somerset, Washington, Wicomico, and Worcester

#### Important Phone Numbers

<b>Medical Management</b> 844-560-2856 855-704-5296 Fax	<b>Silver&amp;Fit</b> 877-293-5325
<b>Behavioral Health Services</b> 844-340-2217 844-363-6772 Fax	<b>Provider Relations</b> <i>(Contracts, fee schedules, and demographic changes)</i> 410-762-5385 888-895-4998 410-424-4604 Fax
<b>Care Management</b> 800-557-6916	<b>Payment Integrity</b>

## Priority Partners HealthChoice

### 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](http://HopkinsHealthPlans.org).

#### Overview & Important Information

- HealthChoice is a health care program of the Maryland Department of Health.
- 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.
- Eligibility is based on family size, income levels, or special medical circumstances.
- Before rendering services, verify HealthChoice eligibility by contacting Priority Partners Customer Service at 800-654-9728.

#### Important Phone Numbers

<b>Medical Management</b> 410-424-4480 800-261-2421 410-424-4603 Fax	<b>Outreach</b> 410-424-4648 888-500-8786
<b>Initial Inpatient</b> 410-424-2770 Fax	<b>Superior Vision</b> 866-819-4298
<b>Outpatient Medical Review</b> 410-762-5205 Fax	<b>HealthChoice</b> 800-977-7388
<b>Outpatient Urgent Requests</b> 410-424-2707 Fax	<b>State of Maryland EVS</b> 866-710-1447
<b>DME</b> 410-762-5250 Fax	<b>Mental Health Services</b> Optum Maryland 800-888-1965
	<b>Behavioral Health Services</b>

## Employer Health Programs (EHP)

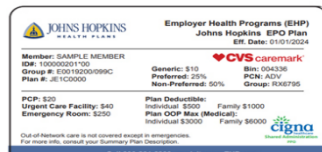
### Quick Reference Guide

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](http://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



#### Phone Numbers

<b>Medical Management</b> 410-424-4480 800-261-2421 410-424-4890 Fax	<b>Health Coach Services</b> 410-762-5390 800-957-9760 healthcoach@jhhp.org
<b>Inpatient</b> 410-424-4894 Fax Initial Inpatient: 410-424-2770 Fax	<b>Cigna PPO Network</b> <u>Find a provider</u> 866-494-4872
<b>Outpatient Medical Review</b> 410-762-5205 Fax	<b>Pharmacy Services</b> 888-819-1043, option 4 410-424-4607 Fax
<b>Outpatient Urgent Requests</b> 410-424-2707 Fax	<b>Provider Relations</b> <i>(Contracts, fee schedules, and demographic changes)</i> 410-762-5385

## 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](http://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

#### Important Phone Numbers

<b>Medical Management</b> 410-424-4480 800-261-2421 410-424-4603 Fax
<b>Inpatient Medical Review</b> 410-424-2602 Fax
<b>Outpatient Medical Review</b> 410-424-2603 Fax
<b>DME</b>

# Availity Essentials: Provider Portal

With Availity,  
**Advantage MD,**  
**EHP and**  
**Priority Partners**  
providers can view:

- Member eligibility requests and benefit information
- Provider search options include searching by member's first and last name and date of birth
- Electronic claims submission
- Claims status
- Claims payment information
- Electronic submission of prior authorization requests for Priority Partners, EHP and Advantage MD
- JPAL (check prior authorization requirements prior to rendering services)
- Provider resources and guidelines, reports
- Access to eviCore and Novologix portals, electronic submission of payment disputes and clinical appeals for PPMCO and EHP.\*

\*Payment disputes for Advantage MD must still be submitted via fax or mail until further notice.

Note: USFHP expected to be added to Availity in 2025

# Provider Resource: PNC Healthcare

Johns Hopkins Health Plans has engaged **PNC Healthcare** to provide electronic payments via their Claims Payments & Remittances (CPR) service.

Payment for Advantage MD, Priority Partners, EHP and USFHP are issued using the new CPR service.

This service will also enable providers to log into a website to access a detailed explanation of payment (EOP) for each transaction.

# PAYMENT DISPUTE/MEDICAL NECESSITY APPEALS CLAIMS PROCESS

- **Priority Partners, USFHP and EHP** have 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**:  
Use this form when you want to appeal a clinical/medical necessity denial.
- **Advantage MD** has one **Participating Provider Payment Dispute Form** used for submission of claims disputes and clinical appeals.
- **Please be sure to submit one form for each request.**
- Forms can be found on [www.HopkinsHealthPlans.org](http://www.HopkinsHealthPlans.org) using the *For Providers* tab, in the “Resources and Guidelines” section under **“Forms.”**
- The Provider Payment Dispute Form and the Provider Appeal Submission Form for Priority Partners, USFHP and EHP are also available in a web version on **Availity** and **HealthLINK** under the “Administration” section, on the “Resources” tab.
- Must be submitted on CMS 1500 or UB-04 forms
- For USFHP, specialist or ancillary providers must include referring PCP’s NPI in Box 17b of the CMS 1500 form
- Referring primary care provider’s NPI is also required in box **78/79** on the UB-04 form for outpatient hospital services that do not require an authorization.
- Rendering provider’s NPI must be in Box 24j of CMS 1500 form
- Claims must be submitted timely per the guidelines in your participating provider agreement.
- Participating providers must check member benefits and eligibility and prior authorization requirement prior to rendering services.
- Participating providers cannot balance bill a member for a covered service.
- A participating provider cannot balance bill a member for a non-covered service unless the member has signed an acknowledgment of financial responsibility, including the details of the service, the cost of the service and an agreement to self-pay for these services prior to services being rendered.

# PROVIDER CREDENTIALING: PRACTICE DEMOGRAPHIC CHANGES

If there are any demographic changes in your practice or facility, you are **required** to notify the Provider Relations department:

- Submit digitally via the [Online Digital Provider Information Update Form](#).
- Email to [ProviderChanges@jhhp.org](mailto:ProviderChanges@jhhp.org). This email box is monitored daily to collect and process all provider changes. Please fill out the [Provider Information Update Form](#) (located under “For Providers” and then under the Forms section of the “Resources and Guidelines” page) and attach it to the email before sending to Johns Hopkins Health Plans.
- Information on both forms includes changes to telephone numbers, address, suite number and email or fax numbers.
- **Note:** If you are using a Social Security Number in place of a Tax ID, the completed update form must be faxed to 410-762-5302 to ensure identity protection. Do not send digitally or by email.

W-9 requests should be submitted to: [w9requests@jhhp.org](mailto:w9requests@jhhp.org)

Any questions about the provider changes reporting process may be directed to Provider Relations at 888-895-4998 (option 4).

If you are under a Delegated Credentialing Agreement, please follow the process outlined per that agreement.

# Telemedicine

## Johns Hopkins OnDemand Virtual Care:

- Johns Hopkins OnDemand Virtual Care (powered by Teladoc) is an online telemedicine platform for both adult and pediatric patients. It is available to members through mobile app, computer or tablet.

## Johns Hopkins Health Plans Products Supported:

- Advantage MD (HMO and PPO)
- Employer Health Programs (EHP)
- Priority Partners Managed Care Organization
- US Family Health Plan (USFHP)\*The service is only available to USFHP members on weekdays between 6 p.m. and 8 a.m. and 24/7 on weekends. During normal office hours, USFHP members should connect with their PCP.

**The service is not for medical emergencies. If a patient is experiencing a medical emergency, they should call 911 or go to the nearest emergency room.**

- The service is intended for minor care concerns (ONLY) that don't require lab work, such as colds, rashes and pinkeye.
- NOTE: Johns Hopkins Health Plans encourages members to use their primary care provider when possible, but Johns Hopkins OnDemand Virtual Care is an alternative option to quickly access needed care.

# 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 @ UpLift.com** to learn more and to find a provider.

# Johns Hopkins Health Plans Communication Services

Johns Hopkins Health Plans provides free tools and services to people with disabilities to communicate effectively.

Johns Hopkins Health Plans also provides free language services to people whose primary language isn't English (e.g. qualified interpreters and information written in other languages).

These services can be obtained by calling the Customer Service number on their member ID card.

You may also contact Johns Hopkins Medicine International for assistance or submit a member referral to Priority Partners.

- [Language Assistance Services](#)
- [Johns Hopkins Medicine Language Services](#)
- [Priority Partners Member Referral Form](#)

# VENDOR PARTNERSHIPS

## PROGENYHEALTH

- Johns Hopkins Health Plans Supported Products
  - **EHP & Priority Partners**
- Partnership Features:
- ProgenyHealth's neonatal care management program enhances services to our members and support our mission to make a lasting difference in our members' lives by improving their health and well-being.
- ProgenyHealth's neonatologists, pediatricians and neonatal nurse care managers work closely with the NICU facility, EHP and Priority Partners members, as well as attending physicians and nurses, to promote healthy outcomes for EHP and Priority Partners' premature and medically complex newborns.
- Visit [progenyhealth.com](http://progenyhealth.com) for more information on their services.

## 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.

### Codes Requiring Prior Authorization Links:

- [Advantage MD code list](#)
- [EHP code list](#)
- [Priority Partners code list](#)

### How to Request Prior Authorization:

- Providers may submit prior authorization requests electronically by accessing the NovoLogix portal in Availity.

### NovoLogix Contact Support:

- Advantage MD: 800-932-7013
- EHP & Priority Partners: 844-345-2803
- Priority Partners providers may also fax drug-specific prior authorization forms to: 866-212-4756.

## eviCORE

- Providers in the **Advantage MD and Priority Partners** networks are required to obtain prior authorization for High Tech Radiology, Advanced Cardiac Imaging, Lab Management, Musculoskeletal (MSK) Advanced Procedures, MSK Therapies, and Post-Acute Care services through eviCore. Please check prior authorization requirements in JPAL. Certain lab management codes are subject to post service Claims Studio review by eviCore. For more information, visit [www.eviCore.com](http://www.eviCore.com).
- Request prior authorization through the eviCore portal via Availity, directly on the eviCore portal, or by calling 866-220-3071.

# Johns Hopkins Health Plans Resources/Contacts

**JPAL:** The Johns Hopkins Prior Authorization Lookup tool (JPAL) is a provider resource to check and verify preauthorization requirements for outpatient services and procedures.

- Located in the [Availity](#) and [HealthLINK](#) portal, JPAL offers a user-friendly way for providers to look up prior authorization requirements.

## Provider Relations:

888-895-4998 (Option 4)

## Advantage MD Customer Service:

- HMO: 877-293-4998
- PPO: 877-293-5325

## Employer Health Programs (EHP) Customer Service:

- 410-424-4450 or 800-261-2393
- [ehpcustomerservice@jhhp.org](mailto:ehpcustomerservice@jhhp.org)\*

## Priority Partners Customer Service:

- 800-654-9728
- [ppcustomerservice@jhhp.org](mailto:ppcustomerservice@jhhp.org)\*

## US Family Health Plan (USFHP) Customer Service:

- 410-424-4528 or 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.

Provider Relations:  
888-895-4998 (option 4)

**THANK YOU**