PROVIDER pulse

Johns Hopkins HealthCare Provider Newsletter

SPRING 2022

JOHNS HOPKINS MEDICINE

JOHNS HOPKINS HEALTHCARE

This newsletter features important information pertaining to providers in the JHHC network: Priority Partners, Johns Hopkins Employer Health Programs (EHP), Johns Hopkins US Family Health Plan (USFHP), and Johns Hopkins Advantage MD. Please contact your Provider Relations coordinator with any questions about this information.

// INTRODUCTION

"When flowers bloom, so does hope."
—Lady Bird Johnson

Spring brings hope and fresh growth. Many changes are sprouting at JHHC. In this issue of *Provider Pulse,* we touch on some of them, including our changeover later this year to a new claims processing and management system, Facets, as well as a new claims editing system from Optum that will replace ClaimCheck. We hope these and other improvements to our claims processes will result in ease of use and greater efficiency and accuracy.

In addition, the issue contains information on our partnership with ProgenyHealth to provide NICU care management and utilization management services to our EHP and Priority Partners members, and news you can use about the annual CAHPS® survey and tips for providers. There's also the announcement of the digital version of the Provider Information Updates Form, which should streamline submission of demographic and other changes to JHHC.

Delivering quality medical services to our members is the hallmark of JHHC. Dedication to the partnerships we've established with our providers is a vital component of this commitment. We appreciate your efforts to provide high-value services to JHHC members.

— Jayne Blanchard, Editor

// POLICIES AND PROCEDURES

Balance Billing of Members: What Providers Need to Know

JHHC has been experiencing an increase of complaints relating to the balance billing of members. We would like to take this opportunity to remind providers of the Hold Harmless Rule.

The Hold Harmless Rule applies to Johns Hopkins Advantage MD, Priority Partners and Johns Hopkins US Family Health Plan (USFHP).

- **For Advantage MD:** "Participating providers are prohibited from balance billing Advantage MD members including, but not limited to situations involving non-payment by Advantage MD, Advantage MD's breach of its Agreement, or insolvency of Advantage MD. Providers cannot bill, charge, collect a deposit from, seek compensation or reimbursement from, or have any recourse against members or persons other than Advantage MD, acting on behalf of members for covered services pursuant to the Participating Provider's Agreement. The provider is not prohibited from collecting copayments, coinsurances, or deductibles for covered services in accordance with the terms of the applicable member's benefit plan."
- **For Priority Partners:** Providers are "prohibited from balance billing anyone that has Medicaid including Priority Partners members. You may not bill Medicaid or Priority Partners members for missed appointments. Medicaid regulations require that a provider accept payment by the program as payment in full for covered services rendered and make no additional charge to any person for covered services. Any Medicaid provider that practices balance billing is in violation of their contract. For covered services, Priority Partners providers may only bill us or the Medicaid program if the service is covered by the State but is not covered by the MCO. Providers are prohibited from billing any other person, including the Medicaid participant or the participant's family members, for covered services."
- **For USFHP:** "Billing for Non-Covered Services as outlined in the TRICARE Operations Manual 6010.59-M, April 1, 2015, Chapter 5, Section 1, a network provider may not require payment from beneficiaries for any excluded services that the beneficiary received from the network provider and the beneficiary is

'held harmless.' Excluded or excludable services include TRICARE statutory exclusions (e.g. cosmetic procedures, certain durable medical equipment items or supplies) or services considered to be unproven or experimental. Providers are required to follow all applicable prior authorization requirements, as Hold Harmless provisions apply. An **Acknowledgment and Financial Responsibility Statement** is available for members to fill out."

Please also note that a claim denial **is not the same** as a benefit denial. A benefit denial pertains to a non-covered service or denied authorization. When no benefits are available for the member, or the services are not covered, the Remittance Advice (RA) will alert the provider. Providers may only bill the member when the RA states there is member responsibility.

Providers should follow the appeal/claims payment dispute process for each of JHHC's health plans before resorting to billing the member. Providers should also refrain from billing the member for amounts above what is listed on the member's Explanation of Benefits (EOB).

Additional Prior Authorization Requirements Added to eviCore Partnership

Johns Hopkins HealthCare (JHHC) is in partnership with eviCore healthcare to provide patients with access to high-quality, medically appropriate care that is consistent with evidenced-based treatment guidelines.

Tentatively beginning Aug. 1, 2022, providers in the Advantage MD and Priority Partners networks will be required to obtain prior authorization for physical therapy, occupational therapy, interventional pain management, spine surgery, joint surgery and post-acute care services.

JHHC will also begin using eviCore for prior authorization for lab management for Advantage MD members for dates of service tentatively Aug. 1, 2022, and beyond. (eviCore has provided lab management prior authorization services for Priority Partners since December 2021.)

Provider Relations will keep our provider network posted on additional details, code lists and training sessions.

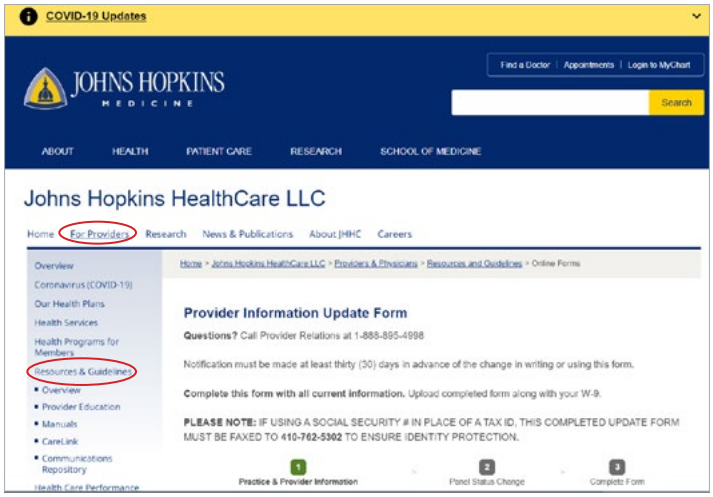
New Digital Version of Provider Information Update Form

As part of JHHC's ongoing effort to streamline and make processes more efficient for providers, we announce a new digital version of the **Provider Information Update Form**.

Now providers can fill out and submit the **form** directly from the provider website.

Note: If you are using a Social Security number in place of a Tax ID number, the completed update form must be faxed to 410-762-5302 to ensure identity protection. This e-Fax number is monitored by the JHHC Credentialing team.

The PDF version of the Provider Information Update form is still available on the provider website under "Forms;" however, the digital version is the preferred method for sending provider information updates to JHHC.



Recent Medical Policy Updates

The JHHC Medical Policy Advisory Committee (MPAC) has approved changes and additions to our medical policies. These changes went into effect May 2, 2022.

View the Medical Policy Updates

Changes and additions this quarter include:

- **CMS01.00** Medical Policy Introduction
- **CMS01.03** Acupuncture
- **CMS02.12** Biofeedback (title updated to: Biofeedback for Somatic Conditions)
- **CMS16.15** Evaluation and Treatment of Pediatric Feeding Disorders & Avoidant, Restrictive Food Intake Disorder
- **CMS16.19** Prenatal Obstetrical Ultrasounds
- **CMS19.05** Solid Organ Transplant
- **CMS20.04** Thermography
- **CMS22.01** Minimally Invasive Treatments of Varicosities

Retired Medical Policies

- **CMS03.09** Computed Tomography Angiography (CTA)
- **CMS08.04** High-Frequency Pulsed Electromagnetic Stimulation for Healing Chronic Wounds
- **CMS09.03** Interferential Therapy
- **CMS09.04** Intradiscal Electrothermal Therapy (IDET)

To view the full descriptions of these policies, please visit the Medical Policies section of the JHHC website on or after the effective date or call Provider Relations at 888-895-4998.

JHHC Converting to New Claims System

In an effort to transform and improve the efficiency of our processes, JHHC will convert to Facets, an industry standard claims submission and management system, starting in Q3 of 2022. We expect the new system will be operational Aug. 1, 2022, for Priority Partners and on Oct. 1, 2022, for Johns Hopkins Employer Health Programs (EHP) and Hopkins ElderPlus. The Facets system will replace the MC400 system, and JHHC be will partnering with Cognizant for the administration of these claims.

What will change:

If a provider is not submitting claims electronically, claims will only be accepted through the HealthLINK portal or through the postal system. JHHC will no longer accept claims via fax or email.

If mailing in claims, please use separate envelopes and mail to the unique address for each health plan. New claims addresses for Priority Partners, EHP and Hopkins ElderPlus noted below:

- **Priority Partners:** P.O. Box 4228, Scranton, PA 18505
- **EHP:** P.O. Box 4227, Scranton, PA 18505
- **Hopkins ElderPlus:** P.O. Box 4077, Scranton, PA 18505

Mailing addresses for paper submission of payment disputes:

- **Priority Partners:** P.O. Box 4228, Scranton, PA 18505
- **EHP:** P.O. Box 4227, Scranton, PA 18505

Claims editing system will change from McKesson ClaimCheck to Optum CES.

Member ID card changes:

- Member ID terminology will match Facets terminology.
- Member ID cards will be updated with the new claims mailing address and Customer Service phone numbers.
- PCP designation will display the individual provider, not the group/practice location.

What will remain the same:

- Electronic submission of claims, payor IDs for EDI claims submissions
- Submission of claims through the HealthLINK portal
- Existing process, address or fax number for electronic or paper submission of clinical appeals
- Web portal/electronic submission of payment disputes and clinical appeals through HealthLink will follow the same process for providers and be routed appropriately internally
- Fax number for paper submission of Priority Partners and EHP payment disputes

During the Transition:

Claim Submissions — Claims will need to be split based on date of service (DOS)

EDI Submissions

- No change to payor IDs
- Availity will handle the split of claims based on DOS
- Provider will receive two remits — one for DOS prior to cut-over and one for DOS after cut-over

Paper Submissions

Inpatient Claims:

- If admit date is prior to cut-over, submit claims to current claims P.O. Box
- If admit date is after cut-over, submit claims to new P.O. Box

Outpatient/Professional Claims:

- DOS prior to cut-over — submit claims to current claims P.O. Box
- DOS after cut-over — submit claims to new P.O. Box
- Providers will receive two remits — one for DOS prior to cut-over and one for DOS after cut-over.

Payment Disputes

Paper Submissions:

- DOS prior to cut-over — submit claims to current P.O. Box/portal
- DOS after cut-over — submit claims to new P.O. Box

Web Portal Submissions:

- No change to process — submissions will be routed internally to Cognizant for processing if DOS is after cut-over

Please be sure to make note of the new mailing addresses for paper claims and paper submission of payment disputes to ensure claims and payment disputes can be processed timely.

EHP and Priority Partners to Partner with ProgenyHealth for NICU Services

Johns Hopkins Employer Health Programs (EHP) and Priority Partners are pleased to announce a partnership with ProgenyHealth, a company specializing in neonatal care management services. For hospitals, ProgenyHealth will serve as a liaison for EHP and Priority Partners, providing NICU admission services and assisting with the discharge planning process to ensure a smooth transition to the home setting.

Under the agreement that began May 1, 2022, ProgenyHealth's neonatologists, pediatricians and neonatal nurse care managers will work closely with EHP and Priority Partners members, the NICU facility as well as attending physicians and nurses to promote healthy outcomes for premature and medically complex newborns. Patients will be able to access an extensive online library and an "on-call" staff member, available 24/7.

Process for ProgenyHealth/NICU

- Do not send requests to JHHC's Utilization Management department.
- For EHP and Priority Partners NICU Admission, use the **Newborn Notification Form** and fax the request with clinical information to ProgenyHealth: **888-400-4636.**
- For EHP and Priority Partners Prior Pediatric Readmission (within 1 year of NICU discharge), fax notification and clinical information to ProgenyHealth: **888-400-4636**
    - » Providers can use the same **Authorization Request Form** they currently submit to JHHC for this purpose.

If you wish to learn more about ProgenyHealth's programs and services, visit **progenyhealth.com*** or view the **Progeny Provider Education Video**. Thank you for your partnership in caring for our EHP and Priority Partners members. Information about the Progeny-JHHC partnership can also be found on the **Provider Education section** of the Provider website.

**This link is from an external website that is not provided or maintained by or in any way affiliated with JHHC. Please note JHHC does not guarantee the accuracy, relevance, timeliness or completeness of any information on this external website.*

Site-of-Service Policy Update for Johns Hopkins USFHP Effective June 15, 2022

The Johns Hopkins HealthCare (JHHC) Medical Policy Advisory Committee (MPAC) has approved new changes and additions to the JHHC CMS23.05 Site-of-Service Outpatient Surgical Procedures Medical Policy for Priority Partners and Johns Hopkins US Family Health Plan (USFHP), effective June 15, 2022. This requirement affects Priority Partners and Johns Hopkins USFHP members of all ages for select planned surgical procedures in Maryland hospitals.

Changes to CMS23.05 Site-of-Service Outpatient Surgical Procedures Policy:

- Criteria for access standards added for USFHP and Priority Partners members
- Content added to the Policy section to provide the additional consideration of the availability of services in the "contracted network, including their **provider's credentials** to perform the procedure in an ambulatory surgery center".
- Criteria added to allow consideration for outpatient surgery in the Outpatient Hospital setting when:
    - » ASC is unable to provide "medically necessary **timely** surgical care"
    - » There is no geographically available ambulatory surgery center (ASC) within the **access standards** required by the member's plan
- Added definitions for:
    - » USFHP Access Standards per Tricare Policy Manual
    - » Priority Partners Access Standards per COMAR regulations
- Background section reviewed
- Reference section reviewed and updated

The CMS23.05 Site-of-Service-Outpatient Surgical Procedures policy specifies that members receive certain outpatient diagnostic or surgical procedures in an ASC when clinically appropriate. A surgical procedure performed in a hospital setting requires prior authorization and must meet medical necessity criteria for the hospital setting. The outpatient hospital setting, classified by Place of Service 22, is also known as "regulated space" within the state of Maryland.

To view the full description of the CMS23.05 Site-of-Service Outpatient Surgical Procedures policy and important appendices, please visit the Medical Policies section of the JHHC website after the policy effective date or call Provider Relations at 888-895-4998.

Clarification Regarding Maternity and Newborn Notification Process

Effective Date: Immediately
Health Plans Affected: Johns Hopkins Employer Health Programs (EHP), Priority Partners, Johns Hopkins US Family Health Plan (USFHP)
Type of Change: Process

Explanation of Change:
Please see the following notification and authorization requirements for maternal and newborn admissions. When required, please complete and send the Newborn Notification and Authorization Request.

Maternal Admissions	Duration	Notification Required	Authorization Required	Send to
Maternal inpatient hospital care following an uncomplicated vaginal delivery	48 hours or less	Priority Partners	N/A	JHHC
	Longer than 48 hours	N/A	Priority Partners EHP USFHP	JHHC
Maternal inpatient hospital care following an uncomplicated cesarean section	96 hours or less	Priority Partners	N/A	JHHC
	Longer than 96 hours	N/A	Priority Partners EHP USFHP	JHHC

Newborn Admission	Duration	Notification Required	Authorization Required	Send to
Newborn inpatient hospitalization care following an uncomplicated Vaginal delivery	48 hours or less	Priority Partners USFHP	N/A	JHHC
	Longer than 48 hours	N/A	Priority Partners EHP	**Progeny**
			USFHP	JHHC
Newborn inpatient hospitalization care following an uncomplicated cesarean section	96 hours or less	Priority Partners USFHP	N/A	JHHC
	Longer than 96 hours	N/A	Priority Partners EHP	**Progeny**
			USFHP	JHHC

Vision Codes Requiring Prior Authorization, Beginning June 15

The following vision codes require prior authorization for Priority Partners, starting June 15, 2022:

HCPCS Code	Code Description
V2521	Contact lens, hydrophilic, toric, or prism ballast, per lens
V2530	Contact lens, scleral, gas impermeable, per lens (for contact lens modification, see 92325)
V2531	Contact lens, scleral, gas permeable, per lens (for contact lens modification, see 92325
V2627	Scleral cover shell

Prior Authorization Process

Submit Priority Partners prior authorization requests to JHHC Utilization Management (UM) to these dedicated fax numbers: 410-762-5205 or 410-424-4603

Please refer to the Johns Hopkins Prior Authorization Lookup tool (JPAL), located in the HealthLINK portal, to check and verify preauthorization requirements for outpatient services and procedures.

USFHP: Continuous Glucose Monitor (CGM) Devices Available through Pharmacies Starting April 1

Johns Hopkins US Family Health Plan (USFHP) members can obtain continuous glucose monitors (CGMs) from any in-network pharmacy as of April 1, 2022. Members will continue to have a choice to obtain CGMs either through their durable medical equipment (DME) benefit or pharmacy benefit. This expands access to CGMs, which previously were only available through DME providers.

How you can help

Please re-write any CGM prescriptions for your USFHP patients with instructions for them to take it to their pharmacy. Some pharmacies offer free shipping of CGMs to members at no charge.

Laser Hair Removal and Electrolysis Now Covered for USFHP Members With Prior Authorization

CPT code 17380 (Laser Hair Removal and Electrolysis) is now covered for USFHP members. Effective May 15, 2022, the code requires prior authorization for medical necessity.

The affected sections of the TRICARE policy for CPT code 17380 include:

- Chap 4 Sect 3.1 — Laser Surgery
- Chap 7 Sect 17.1 — Dermatological Procedures — General

Prior Authorization Process

Submit USFHP prior authorization requests to JHHC Utilization Management (UM) only via these fax number: 410-424-2602 or 410-424-2603.

Johns Hopkins OnDemand Virtual Care Expands to Priority Partners Members

Priority Partners members now have an additional option for accessing care via telemedicine. Johns Hopkins OnDemand Virtual Care (powered by Teladoc) gives members access to an urgent care medical visit 24/7 from the comfort of their home, or anywhere they may travel in the U.S.

JHHC encourages members to use their primary care provider (PCP) when possible for routine and other care as that is considered their medical home. OnDemand Virtual Care does not replace a PCP — it is an alternate choice when a member needs to access care quickly.

- The OnDemand Virtual Care service is an online telemedicine platform for both adult and pediatric patients as an option to urgent care. It is available to members through mobile app, computer or tablet.
  - » The service is intended for minor care concerns that do not require lab work, such as colds, rashes and pink eye.

» 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.

OnDemand Virtual Care Process

- Johns Hopkins providers will staff the platform and attempt to perform the virtual visit with the member first. If a Johns Hopkins provider is not available, or if the member is located in a state where the Johns Hopkins provider is not licensed, then a Teladoc-employed provider will see the member virtually.
- The health care provider will join via secure video or phone and assess the member's symptoms, make a diagnosis, recommend next steps and answer any questions the member may have.
- If medications are necessary, the provider will electronically send prescriptions to the member's network pharmacy.
- Telemedicine providers will refer members back to their PCP for follow-up care.

Please note: Members can use their PCP's telemedicine services, but they cannot request to see their PCP through the Johns Hopkins OnDemand Virtual Care program.

// QUALITY CARE

Coordination of Care Results in Safer, More Effective Care

Coordination of care is a process of purposefully organizing patient care activities and sharing information among all of the participants concerned with the patient's care to achieve safer and more effective care. Effective coordination of care is beneficial because it:

- Improves patients' health, experience and satisfaction
- Improves transition of care
- Lowers admission and re-admission rates
- Can prevent emergency department visits
- Increases health service efficiency and reduces costs
- Eliminates care complications and service delays

Coordination of care is such an important aspect of the patient experience that it is included in the annual Consumer Assessment of Healthcare Providers and Systems (CAHPS®) survey:

In the last 12 months, how often did your personal doctor seem informed and up to date about the care you got from these doctors or other health providers?

The need for coordination of care is evident; however, there are many barriers with the current process that must be improved to provide a satisfactory level of care. Medical offices can take these steps to improve their CAHPS rating as well as patients' satisfaction and coordination of care.

How to improve coordination of care

- Discuss treatment options with patients and share the responsibility with them.
- Communicate and share information with patients and among providers.
- Assist with transitions of care.
- Evaluate patient necessities and objectives.
- Create a care plan and communicate the plan with the patient.
- Create and align care plan with other treating providers and community resources.
- Monitor and update the care plan; follow up with patients based on their needs.
- Encourage patients' self-management goals.
- Align community and health resources with patients' needs.

Tips for coordination of care improvement

- **Laboratory and radiology services –** Inform your patients when to expect radiology and/or laboratory services and share results in a timely manner.
- **Specialty providers –** Communicate and coordinate information with specialty providers.
- **Referrals –** Send referrals and follow up on specialist care.
- **Medical records –** Obtain and review medical records prior to patients visit.
- **Prescriptions –** Regularly reconcile prescription medication list and update based on patients' needs.
- **Preventive care –** Educate your patients on prevention and the necessary screenings and treatment, such as regular flu vaccination, HPV vaccination, breast cancer screening, colorectal cancer screening, etc.
- **Transition of care –** Engage in follow-up practices (telephone and telehealth count) for those patients discharged from hospitalization or Emergency Department visits.

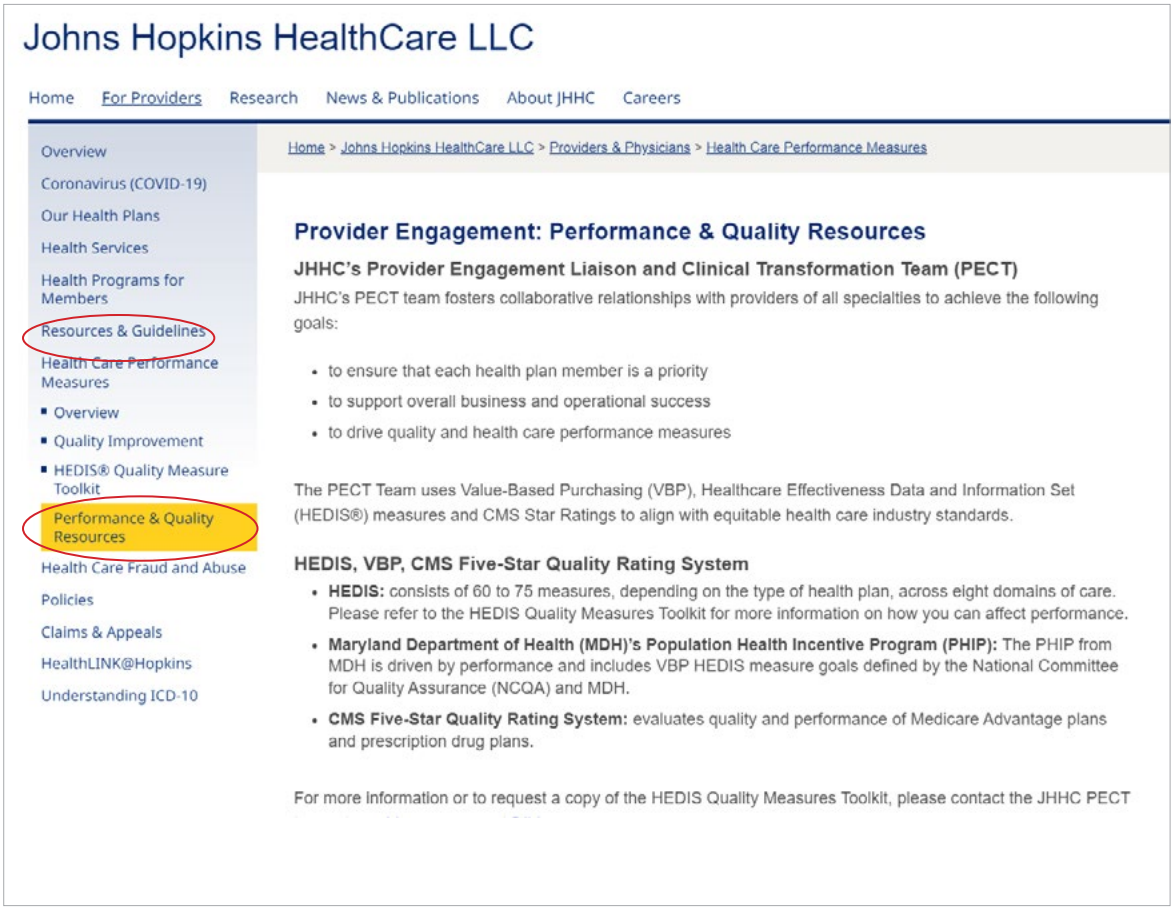
- **After Hours –** Educate your patients on how to access care after business hours or weekends.
- **Patient feedback –** Encourage patients to ask questions. Listen to the patient's answers, without interrupting, and ask more follow-up questions when the answers are unclear.

New Health Care Performance and Quality Section on JHHC Website

JHHC's Provider Engagement Liaison and Clinical Transformation (PECT) team is pleased to announce the addition of its **Provider Engagement: Performance and Quality Resources** section to the **Provider** website. The section offers one-stop access to resources for performance and quality measures and initiatives. Providers can find information, tools and other materials on the following:

- HEDIS®, Value-Based Purchasing (VDP) and CMS Five-Star Quality Rating System
- HEDIS measures toolkit and tip sheet
- Maryland Department of Health (MDH) Population Health Incentive Program (PHIP)
- Whole Health Assessment (WHA) forms for Advantage MD members
- And more!

Additional tools and content will be added to the microsite based on provider feedback.



HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

Working Together to Improve Diabetes Management: Partnering for Healthy Outcomes

Diabetes, primarily type 2 diabetes, continues to make an impact on the health of our communities regardless of demographic factors, such as age and gender. Existing population-wide health disparities and pandemic-related access to care barriers make self-management challenging. In 2020, providers and health plans adapted to the limitations caused by COVID-19 and found innovative ways to care for their patients including those with diabetes.

Johns Hopkins Advantage MD (AMD), Johns Hopkins Employer Health Programs (EHP), Priority Partners, and Johns Hopkins US Family Health Plan (USFHP) understand the challenges providers continue to face each day as we move forward in 2022. We know preventive care and chronic condition management require practical solutions to meet the needs of your patients.

Right now is an ideal time to identify gaps in care for patients with diabetes and take action. Provider Reports from JHHC are a great resource to identify patients on your panel who are due for diabetes-related services and may need help with self-management.

We are here to help our provider partners by offering patient-centered initiatives to improve the health of members with diabetes. In 2022, AMD, Priority Partners, EHP and USFHP are taking a targeted approach to support you and your patients with recommended diabetes care. Highlights for some of our plans include the following:

- At-home testing kit delivery with our partner, bioIQ, for convenient screening options; we have planned multiple rounds of test kit deliveries for targeted cohorts for each round
- Customized diabetes report cards multiple times throughout the year encouraging follow-up for recommended screenings
- Preventive care text campaigns linking to health education resources
- Newsletters highlighting diabetes management
- Emails linking to diabetes resources and information
- Customized mailers supporting the importance of self-care

Together, we have the opportunity to identify needs early and make lasting impacts to patients' diabetes management.

Patient-focused Intervention	Description	AMD	Priority Partners	EHP	USFHP
Diabetes Report Card – mailing	A1c, eye exam	√	√		
At-home testing – campaign	A1c test kit	√ Biannual	√ June '22		
Preventive care phone calls	A1c control	√	√		
Preventive care SMS messages	A1c control	√	√ Biannual		
Women's health mailer – mailing	A1c, eye exam, Rx adherence	√	√		
Diabetes educational materials	A1c, eye exam, kidney health, Rx adherence	√	√	√	√
Provider alerts on members gap in therapy – outreach needed	Statin use in diabetes	√		√	√

Provider Options	Diabetes Measure(s)
In-office eye exam software	Eye exam
Telehealth visit education and scheduling	A1c; eye exam; Rx adherence
Outreach for women's health	A1c; eye exam;
Outreach for men's health	A1c; eye exam;
e-Messaging appointment reminders	A1c; eye exam;
Follow up at-home testing results	A1c; Rx adherence
Health education resource connection	A1c; eye exam; Rx adherence
Annual Wellness Visit	A1c; eye exam; Rx adherence
Whole Health Assessment	A1c; eye exam; Rx adherence

We look forward to continuing strong partnerships with our provider partners to address the needs of our special populations and improve health outcomes.

An Overview of Healthy People 2030

Healthy People 2030 sets data-driven national objectives to improve health and well-being over the next decade. Healthy People 2030 includes a wide range of objectives developed by work groups made up of subject matter experts in specific topics.

Most Healthy People 2030 objectives are core, or measurable, objectives that are associated with targets for the decade. Core objectives reflect high-priority public health issues and are associated with evidence-based interventions.

Core objectives have valid, reliable nationally representative data, including baseline data from no earlier than 2015. If applicable, they have a measure of variability. Data will be provided for core objectives for at least three time periods throughout the decade. For more information about Leading Healthy Indicators (LHI) for Healthy People 2030, visit **Healthy People 2030 | health.gov**

It's CAHPS® Survey Season!

Thank you and your staff for the exceptional service you provide to our Johns Hopkins Advantage MD members all year round — and just to remind you, now through June is CAHPS survey time.

CAHPS stands for Medicare **C**onsumer **A**ssessment of **H**ealthcare **P**roviders and **S**ystems. The annual survey, given to a random sample of Advantage MD members, measures the member's experience on the quality of health services that they receive in their providers' offices.

Providers, therefore, are an integral part of the survey process. Almost **20%** of a plan's Star rating is driven by CAHPS, and over **70%** of that Star rating depends on what does or does not happen in a provider's office.

Common pain-points members experience nationwide:

- Getting timely appointments, for both routine and specialty care.

According to surveys, the No. 1 thing providers can do to improve member perceptions of quality of care:

- Follow up with members promptly regarding test results, regardless if the results do or do not require additional care.

Thanks again for being partners with us to deliver high-quality health services to our members.

Selected questions and tips chart on next page

Sample CAHPS Questions	Tips for Providers
How often did you get an appointment for a checkup or routine care as soon as you needed?	Expand office hours to include offering early morning, evening and/or weekend appointments for enhanced scheduling flexibility. Educate patients and promote the use of Telehealth/Telemedicine.
How often did your personal doctor explain things in a way that was easy to understand?	Use common words that you would use to explain clinical information clearly. Do not use broad or subjective words that can be interpreted in a different or wrong way. Ask questions to ensure the patient understands the information.
How often did your personal doctor listen carefully to you?	Concentrate your attention on the patient and refrain from focusing on the chart or computer. Try not to rush or interrupt. Ask questions to confirm understanding and show empathy. Encourage office staff to fully engage with patients and answer questions.
How often did your personal doctor show respect for what you had to say?	Treat and listen to your patients with respect, kindness and compassion. Encourage patients to ask questions. Instead of asking, "Do you…," ask patients, "What questions do you have?"
How often did your personal doctor spend enough time with you?	Review medical record and medications prior to entering the exam room. Ask questions about previous treatments, results and findings. Confirm with the patient that all questions have been answered prior to departure. Try not to rush or interrupt.
How often did you get an appointment with a specialist as soon as you needed?	Provide information on options for more than one specialist. Have staff engage in scheduling appointments for patients. Educate patients and office staff on expanded office hours and telehealth options. Ensure any follow-up is completed timely with your patients.
How often was medication recommended or discussed by a doctor or health provider to assist you with quitting smoking or using tobacco?	Educate your patients on the risks of smoking and/or tobacco use. Provide methods and strategies to assist in quitting smoking and/or using tobacco products.
How often did your doctor or health provider discuss or provide methods and strategies other than medication to assist you with quitting smoking or using tobacco?	

// CLAIMS AND BILLING

New Claims Editing System to Launch July 1

Johns Hopkins HealthCare (JHHC) will put into operation a new claims editing system, Optum CES, for Johns Hopkins USFHP claims, with a tentative effective date of July 1, 2022. This system will replace ClaimCheck. All claims submitted prior to the effective date will not be affected.

The addition of this editing system will enable us to manage cost-effective health care delivery and reimbursement by identifying potentially incorrect coding relationships on submitted claims.

The benefits to you as the health care provider are as follows:

- Equitable reimbursement
- Efficient reimbursement
- Accurate and consistent claims processing and reimbursement

The Optum Claim Edit Portal will allow providers to test claims prior to submission. If a claim denies, providers can obtain details about reason for denial after submission. This portal will be accessible through **HealthLINK**. We will provide more details and a job aid prior to the switch.

Optum CES will also replace ClaimCheck for Priority Partners and Johns Hopkins Employer Health Programs (EHP) over the third and fourth quarter of the year; we will provide more details over the next several months.

If you have any questions regarding our new system, please contact our Provider Service department at 888-895-4998.

// PHARMACY

Pharmacy Formulary Update

A variety of pharmacy information and resources are available to you on the JHHC, Priority Partners, EHP, USFHP and Advantage MD websites. These include information related to the pharmacy formulary, pharmaceutical restrictions or preferences, requesting a benefit exception, step therapy, generic substitution and other pharmacy management procedures.

The pharmacy formularies are specific to each plan and are updated regularly to include new medications and the latest safety information. For additional information on the pharmacy formularies and updates for each plan, use the links listed below.

You can also contact the JHHC Pharmacy department at 888-819-1043 for questions or concerns for Priority Partners, EHP and USFHP. Contact 877-293-5325 (option 2) for questions or concerns for Advantage MD.

Pharmacy websites to bookmark:

- **Johns Hopkins Employer Health Programs (EHP)**
  Jhhc.com > For Providers > Our Health Plans > EHP > **Pharmacy and Formulary**
- **Priority Partners**
  Jhhc.com > For Providers > Our Health Plans > Priority Partners > **Pharmacy and Formulary**
- **Johns Hopkins US Family Health Plan (USFHP)**
  Jhhc.com > For Providers > Our Health Plans > US Family Health Plan > **Pharmacy and Formulary**
- **Johns Hopkins Advantage MD**
  Jhhc.com > For Providers > Our Health Plans > Advantage MD > **Pharmacy and Formulary**

New Prior Authorization Requirements for Certain Provider-Administered Medications

Effective June 1, 2022, Johns Hopkins HealthCare will require prior authorization to determine medical necessity for the following provider-administered medications under Johns Hopkins USFHP. This requirement affects members of all ages.

View the Prior Authorizations

For certain drug classes, USFHP has a preferred drug list. Please refer to **complete lists of HCPCS codes**

available on the JHHC website to identify codes that have these additional requirements.

Providers may complete and submit the USFHP Medical Injectable Prior Authorization Form along with clinical supporting documentation via fax to 410-424-2801.

Provider Guide for Sending Prescriptions to CVS Caremark

Here at JHHC, our pharmacy team's priority is helping your patients get the medication they need when they need it. Use this guide and e-prescribe your mail service prescriptions to CVS Caremark® Mail Service Pharmacy. Mail service is convenient and usually the most cost-effective way for members to receive medications.

For a seamless Rx experience:

- **Ask** your patients if they prefer delivery by mail or pickup at a retail pharmacy.
- **Work** with your patients to confirm and complete all necessary information — such as member ID number and prescription mailing address — before sending your prescriptions to us.
- **Inform** your patients when you send us a prescription so they can expect their medication in the mail.
- **Write** prescriptions for the maximum amount allowed by your patients' plan (usually a 90-day supply).
- **Explain** that it usually takes about five business days to process mail service prescriptions before medications are shipped.
- **Provide** additional information or authorization we request by fax in a timely manner.
- **Tell us** how we can contact your office after hours if you don't have an answering service or messaging system; you may receive calls from us seeking resolution for patients.

For e-prescribing questions, call us at 877-864-7744, Monday through Friday, 9 a.m. to 7:30 p.m. (ET).

CVS Caremark Mail Service Pharmacy
NCPDP ID: 0322038
9501 E Shea Blvd.
Scottsdale, AZ 85260

Plan member privacy is important to us. Our employees are trained regarding the appropriate way to handle private health information.

// REMINDERS

Use of Long COVID-19 Code Assists in Reporting and Care Management Efforts

JHHC would like to remind providers to use ICD-10 code U09.9 when reporting incidents of Long COVID-19.

Applying ICD-10 code U09.9 whenever appropriate helps JHHC with reporting and gauging the impact of Long COVID-19 on our members, as well as providing care management services to these members.

Please use the Long COVID-19 code, which went into effect Oct. 1, 2021, in addition to the ICD-10 codes specific to the symptoms of Long COVID-19, such as fatigue, shortness of breath and memory problems.

Required Cultural Competency Training for Priority Partners

Cultural competency training is a requirement for participating providers in the Priority Partners network. As a health care provider contracted by JHHC, our expectation is for you and your staff to gain and continually deepen your knowledge of, and ability to support, the values, beliefs and needs of diverse cultures.

This results in effective care and services for all people by taking into account each person's values, experiences and linguistic needs.

By enhancing the cultural competency of your workforce, together, we can:

- Improve the quality of patient-care delivery and health outcomes
- Increase member satisfaction
- Provide greater access to services

HHS offers **A Physician's Practical Guide to Culturally Competent Care,** a free, online educational program accredited for physicians, physician assistants and nurse practitioners. This guide is available at the HHS website (**cccm.thinkculturalhealth.hhs.gov**). The **HHS website** offers CME/CE credit and equips health care professionals with awareness, knowledge and skills to better treat the increasingly diverse U.S. population they serve.

Once you have completed the training, please fax a copy of your certificate to 410-424-4604.

How to Submit Provider Information Changes

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

- Submit digitally via the **Online Digital Provider Information Update Form**.
- Email to **ProviderChanges@jhhc.com**. This email box is monitored daily to collect and process all provider changes. Please fill out the **Provider Information Update Form** (located on **jhhc.com**, under "For Providers" and then under the Forms section of the "Resources and

Guidelines" page) and attach it to the email before sending to JHHC.

- 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 number, 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@jhhc.com**.
- Any questions about the provider changes reporting process may be directed to Provider Relations at 888-895-4998.

CMS requires health plans to validate provider information on a quarterly basis.

Revised Language for OHI Adjustment and Denial Reason

Please be aware that the existing coordination of benefits (COB) denial and adjustment code reason has been updated to direct providers to **HealthLINK** to obtain additional other health insurance (OHI) information.

The initial denial language for OHI has been updated as follows: "PROVIDER IS REQUIRED TO SUBMIT THESE CHARGES TO THE PRIMARY CARRIER. FOR PRIMARY CARRIER INFORMATION, PLEASE ACCESS HEALTHLINK AT **https://jhhc.healthtrioconnect.com/app/index.page**."

As a reminder, providers can view information on OHI and other areas 24/7 via **HealthLINK**.

Network Access Standards

JHHC complies with state regulations designed to help make sure our plans and providers can give members access to care in a timely manner. These state regulations require us to ensure members are offered appointments within the following time frames:

Priority Partners

Service	Appointment Wait Time (not more than):
Initial prenatal appointments	Ten (10) business days from request, or from the date the MCO receives a Health Risk Assessment (HRA) for the new enrollee (unless enrollee continues care with established provider and established provider concludes that no initial appointment is necessary), whichever is sooner.
Family Planning appointments	Ten (10) days from the date enrollee requests appointment
High Risk enrollee appointments	Fifteen (15) business days from MCO's receipt of the enrollee's completed HRA
Urgent Care appointments	Forty-eight (48) hours from date of request
Routine, Preventive Care, or Specialty Care appointments	Thirty (30) days from initial request or, where applicable, from authorization from PCP.
Initial newborn visits	Fourteen (14) days from discharge from hospital (if no home visit has occurred)
Initial newborn visits if a home visit has been provided	Within thirty (30) days from date of discharge from hospital
Regular optometry, lab, or x-ray appointments	Thirty (30) days from date of request
Urgent optometry, lab or x-ray appointments	Forty-eight (48) hours from date of request
Wait for enrollee inquiries on whether or not to use an emergency facility	Thirty (30) minutes

Employer Health Programs (EHP)

Service	Appointment wait time (not more than):
History & Physical Exam	Ninety (90) calendar days
Routine health assessment	Thirty (30) days
Non-urgent (symptomatic)	Seven (7) calendar days
Urgent Care	Twenty-four (24) hours
Emergency Services	Twenty-four (24) hours

Johns Hopkins US Family Health Plan

Service	Appointment wait time (not more than):
Well patient	Twenty-four (24) hours
Specialist	Four (4) weeks
Routine	One (1) week
Urgent	Twenty-four (24) hours
Office Wait Time	Thirty (30) minutes

Johns Hopkins Advantage MD

Service	Appointment Wait time (not more than):
PCP Routine/Preventive Care	Thirty (30) calendar days
PCP Non-Urgent (Symptomatic)	Seven (7) calendar days
PCP Urgent Care	Immediate/Same Day
PCP Emergency Services	Immediate/Same Day
Specialist Routine	Thirty (30) calendar days
Specialist Non-Urgent (Symptomatic)	Seven (7) calendar days
Office Wait Time	Thirty (30) minutes

Behavioral Health (all plans)

Service	Appointment Wait time (not more than):
Behavioral Health Routine Initial	Ten (10) business days
Behavioral Health Routine Follow-up	Thirty (30) calendar days
Behavioral Health Urgent	Forty-eight (48) hours
Behavioral Health Emergency	Six (6) hours

For Your Reference

Provider Relations

Phone 888-895-4998
410-762-5385
Fax 410-424-4604
Monday through Friday, 8 a.m. to 5 p.m.

Provider Demographic Changes and Updates:
If there are any changes in your practice or facility, you are **required** to notify the JHHC Provider Relations department by email at ProviderChanges@jhhc.com.

Care Management Referrals
caremanagement@jhhc.com or 800-557-6916

DME (Durable Medical Equipment)
Fax 410-762-5250

HealthLINK@Hopkins
hopkinsmedicine.org/johns_hopkins_healthcare/providers_physicians/healthlink
NOTE: First time users must register for an account. If you need assistance with registration, please contact Provider Relations at 888-895-4998.

JHHC Corporate Compliance
410-424-4996
Fax 410-762-1527
compliance@jhhc.com

Fraud Waste & Abuse
FWA@jhhc.com

Preauthorization Guidelines
hopkinsmedicine.org/johns_hopkins_healthcare/providers_physicians/resources_guidelines

Utilization/Care Management
410-424-4480
800-261-2421
Fax 410-424-4603 (Referral not needing medical review)

- Inpatient
  Fax 410-424-4894
- Outpatient medical review
  Fax 410-762-5205

Advantage MD

Websites
Providers: jhhc.com
Members: hopkinsmedicare.com

Customer Service (Provider): Eligibility, Claims Status or Provider Payment Dispute

- PPO Products
  Phone 877-293-5325
  Fax 855-206-9203
  TTY 711
- HMO Products
  Phone 877-293-4998
  Fax 855-206-9203
  TTY 711

Dental Services
Dentaquest at: 844-231-8318

Medical Claims Submission
Johns Hopkins Advantage MD
P.O. Box 3537
Scranton, PA 18505

Medical Payment Disputes Johns Hopkins Advantage MD
P.O. Box 3537
Scranton, PA 18505

Pharmacy Services
877-293-5325

Preauthorization
Medical Management: 855-704-5296
Behavioral Health: 844-363-6772

Silver & Fit
(Plus and Group Members Only)
877-293-5325

TruHearing
(Plus and Group Members Only)
877-293-5325

Vision Services
Superior Vision at: 800-879-6901

EHP

Websites
Members: ehp.org
Providers: hopkinsmedicine.org

Customer Service (Provider)
800-261-2393
410-424-4450
-Suburban Hospital Customer Service
866-276-7889

Care Management
800-261-2421
410-424-4480
Fax 410-424-4890

***Dental – United Concordia Companies, Inc.**
866-851-7576

***Health Coaching Services**
800-957-9760
healthcoach@jhhc.com

Health Education
800-957-9760

Medical Appeals Submission
Attn: Appeals Department
7231 Parkway Drive, Suite 100
Hanover, MD 21076
Fax 410-762-5304

Medical Claims Submission
Attn: Adjustments Department
7231 Parkway Drive, Suite 100
Hanover, MD 21076
Fax 410-424-2800

Mental Health and Substance Abuse Services
800-261-2429
410-424-4476

National Provider Network/MultiPlan
866-980-7427

***Pharmacy (Mail Order Only)**
888-543-4921

Pharmacy Provider Prior Authorization for Medical Necessity
(fax numbers may vary): refer to provider website hopkinsmedicine.org/johns_hopkins_healthcare/providers_physicians/our_plans/ehp/index.html

Utilization Management
800-261-2421
410-424-4480

**Not applicable to all EHP members. Consult specific schedule of benefits.*

Priority Partners

Websites
Members: ppmco.org
Providers: jhhc.com
800-654-9728

Customer Service (Provider)
800-654-9728

Dental (Scion)
855-934-9812

HealthChoice
800-977-7388

Health Education
800-957-9760

Medical Appeals Submission
Johns Hopkins HealthCare LLC
Appeals Department
7231 Parkway Drive, Suite 100
Hanover, MD 21076
Fax 410-762-5304

Medical Claims Submission
Johns Hopkins HealthCare LLC Adjustments Department
7231 Parkway Drive, Suite 100
Hanover, MD 21076
Fax 410-424-2800

Mental Health Services
Optum Maryland
800-888-1965
Fax 855-293-5407

Outreach
410-424-4648
888-500-8786

Provider First Line
410-424-4490
888-819-1043

Referrals
866-710-1447
Fax 410-424-4603

Substance Abuse Services
Optum Maryland
800-888-1965
Fax 855-293-5407

USFHP

Websites
USFHP –hopkinsusfhp.org
TRICARE –tricare.mil
FORMULARY – **hopkinsusfhp.org**

Customer Service (Provider)
(benefit eligibility, claims status)
410-424-4528
800-808-7347

***Appointment Locator Service**
888-309-4573
**Members can speak to and work with staff that can help them find urgent and routine appointments with mental health and substance abuse professionals.*

Care Management
410-762-5206
800-557-6916

Health Coach Services
800-957-9760
healthcoach@jhhc.com

Health Education
800-957-9760
healtheducation@jhhc.com

Inpatient Utilization Management
Fax 410-424-2602

Outpatient Utilization Management
Fax 410-424-2603

Medical Appeals Submission
Johns Hopkins HealthCare
7231 Parkway Drive, Suite 100
Hanover, MD 21076
Attn: USFHP Appeals

Medical Claims Submission
Johns Hopkins HealthCare
PO Box 830479
Birmingham, AL 35283
Attn: USFHP Claims

Mail Order Pharmacy
410-235-2128 (Maryland residents)
800-345-1985 (Non-Maryland residents)

Mental Health/Substance Abuse Services
410-424-4830
888-281-3186

Quality Improvement
410-424-4538

Performance Improvement/Risk Management
410-338-3610

Superior Vision
800-879-6901

United Concordia Dental
800-332-0366
Under a separate agreement, the plan has arranged for members to receive dental services from selected community dentists under a discounted fee structure.

Important notice:
Please distribute this information to your billing departments.

PRPULSE12-Spring 2022

PROVIDER pulse

JOHNS HOPKINS MEDICINE
JOHNS HOPKINS HEALTHCARE

Johns Hopkins HealthCare
7231 Parkway Dr., Suite 100
Hanover, MD 21076