

Johns Hopkins Advantage MD (PPO)

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: www.jhhc.com.

Overview & Important Information

- Johns Hopkins Advantage MD PPO, Advantage MD Plus PPO, Advantage MD Premier PPO, and Advantage MD Group are Medicare Advantage PPO products administered by Johns Hopkins HealthCare. Members have flexibility when selecting a provider and do not require referrals. Members have coverage both in- and out-of-network.
- Benefits for Johns Hopkins Advantage MD's PPO plans include medical services, hospital stays, and prescription drugs. They also include preventive medical, dental, vision and hearing care. Our Advantage MD Plus, Premier, and Group plans also offer chiropractic and podiatry services beyond Medicare, worldwide emergency and urgent care coverage, acupuncture allowances, and additional benefits beyond Original Medicare.
- These plans are specially designed for Medicare-eligible beneficiaries who live in:
 - Anne Arundel, Baltimore, Baltimore City, Calvert, Carroll, Frederick, Howard, Montgomery, Somerset, Washington, Wicomico, and Worcester counties; Premier: Montgomery County only.
 - Currently have (or are eligible for) Medicare Part A and Part B
- Our Advantage MD Group plan is designed for Medicare-eligible beneficiaries that are qualified retirees of specific contracted companies (to include Johns Hopkins Health System) who live in Delaware, District of Columbia, Florida, Georgia, Maryland, North Carolina, Pennsylvania, South Carolina, and Virginia
 - Members must currently have (or be eligible for) Medicare Part A and Part B.
- Medicare Advantage beneficiaries are generally age 65 or older and do not have end-stage renal disease
- Annual Enrollment Period:
 October 15 December 7
- Effective Date: January 1, 2020
- If a patient is a member of any Advantage MD PPO plans, Medicare must not be billed for covered medical services (with the exception of routine clinical research studies and hospice services)

Important Phone Numbers

Medical Management 844-560-2856 855-704-5296 Fax

Behavioral Health Services 844-340-2217 844-363-6772 Fax

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

Customer Service (Claims, benefits and eligibility) 877-293-5325 855-206-9203 Fax

Pharmacy Services 877-293-5325 855-633-7673 Fax

Superior Vision 866-819-4298

DentaQuest 844-231-8318

TruHearing 877-293-5325

Silver&Fit 877-293-5325

Provider Relations (Contracts, fee schedules, and demographic changes) 410-762-5385 888-895-4998 410-424-4604 Fax

Fraud and Abuse 844-697-407 I MedicareCompliance@jhhc.com

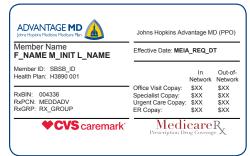
Medicare 800-633-4227

Social Security 800-772-1213

Maryland SHIP (State Health Insurance Program) 800-243-3425

Maryland Health Connection (Maryland Medical Assistance Program) 855-342-8572

Member ID Card



ADVANTAGE MD	
Johns Hopkins Medicine Medicare Plan DO NOT BILL MEDICARE Medicare limiting charges apply.	Customer Service (Members and Providers): 1-877-293-5325 TTY: 711
Submit medical claims to: Johns Hopkins Advantage MD PO Box 3537 Scranton, PA 18505	24-hour Nurse Chat Line: 1-888-202-8828 For non-Medicare covered dental
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	related inquiries, please contact DentaQuest: 1-844-231-8318 Prior Authorization: 1-877-293-5325 Pharmacist Use Only: 1-866-693-462

Referral & Preauthorization Process

Submit Coverage Decisions (Authorizations) by Fax or Mail

Johns Hopkins Advantage MD P.O. Box 3538 Scranton, PA 18505 855-206-9203 Fax

For Medical Review Call or Fax

844-560-2856 855-704-5296 Fax

Preauthorization

Authorization from the insurance plan for a scheduled service (not requiring additional clinical documentation).

Medical Review

Review process in which a nurse reviewer or medical director reviews the medical necessity for a procedure scheduled. Information must be faxed with request and clinical documentation. For a list of services that requires preauthorization, refer to the Preauthorization Guidelines at www.jhhc.com



Claims & Appeals Submission

Part C Payment Requests

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

Part D Payment Requests

Johns Hopkins Advantage MD c/o Caremark Part D Services P.O. Box 52000 MC 109 Phoenix, AZ 85072

- Claims must be submitted on CMS 1500 or UB-04 forms
- Claims from specialist or ancillary providers should include the referring provider's NPI in Box 17b of the CMS 1500
- Claims must be submitted with a rendering provider's NPI in Box 24J of CMS 1500
- Claims must be submitted within 180 calendar days of the date of service

Payment Disputes

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

Payment disputes must be submitted within 90 business days of the date of denial, by mail or calling Customer Service.

Electronic Remittance & EFT

Providers are encouraged to submit claims electronically.

EDI Payor ID #66003.

You can switch from paper to electronic payments by calling Change Healthcare at 866-506-2830.

HealthLINK@Hopkins

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

Register for a HealthLINK@Hopkins account at www.jhhc.com or contact your Network Manager. First time users must register for an account. If you need assistance with registration, contact Provider Relations at 888-895-4998.