

Johns Hopkins 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: www.jhhc.com.

Overview & Important Information

- Johns Hopkins 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 Johns Hopkins 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 who have coverage under both USFHP and Medicare may only use Medicare benefits for non-covered USFHP services, such as chiropractic care or end-stage renal disease
 - Members utilizing Medicare for benefits covered under USFHP are subject to disenrollment

Member ID Card

Important Phone Numbers

Medical Management

410-424-4480

800-261-2421

410-424-4603 Fax

(Referrals not needing Medical Review)

Inpatient

410-424-4894 Fax

Outpatient Medical Review

410-762-5205 Fax

DME

410-762-5250 Fax

Case/Disease Management

800-557-6916

caremanagement@jhhc.com

Customer Service

(Claims, benefits and eligibility)


410-424-4528



800-808-7347

Pharmacy Services

888-819-1043, option 4

410-424-4037 Fax

 JOHNS HOPKINS MEDICINE US FAMILY HEALTH PLAN		A TRICARE Prime designated provider.
Name: TEST W SAMPLE PCM: JHCP AT MONTGOMERY COUNTY PCM Phone #: 301-990-3190 Member #: 801121197		
ADV BIN#004336 RX4291	Effective: 01/01/2019 Office Co-Pay: \$20 ER Co-Pay: \$61 www.hopkinsushfp.org	

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 provider 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 provider 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 certification. 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	



Claims & Appeals Submission

Claims Address

US Family Health Plan/TRICARE
Attn: Claims Department
P.O. Box 830479
Birmingham, AL 35283

Appeals Address

US Family Health Plan/TRICARE
Attn: Appeal Department
7231 Parkway Drive, Suite 100
Hanover, MD 21076

- Claims must be submitted on CMS 1500 or UB-04 forms.
- Claims from specialist or ancillary providers should include the referring provider's NPI in Box 17b of the CMS 1500 Form.
- Claims must be submitted with a rendering provider's NPI in Box 24j of CMS 1500.
- Claims must be submitted within 180 calendar days of the date of service.
- Administrative appeals (timely filing, care not coordinated by PCP, authorization not on file, member not eligible at time of service, incorrect coding) must be submitted within 90 business days of the date of denial.

For additional information on EDI (Electronic Data Interchange), please send an email request to edi@jhhc.com. EDI Payor ID #52123.

Referral & Preauthorization Process

Referrals

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

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

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 require a referral, pre-authorization or medical review, please refer to the Outpatient Referral and Preauthorization Guidelines at www.jhhc.com.

HealthLINK@Hopkins

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

Register for a HealthLINK@Hopkins account at 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.