



# PROVIDER NOTICE

Provider Relations Department | 1-888-895-4998

*This update contains pertinent information about changes that will impact the Johns Hopkins HealthCare provider network*

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## JHHC Converting to New Claims System

**Effective Date (Tentative):** Aug. 1, 2022 and Oct. 1, 2022

**Health Plans Affected:** Priority Partners, Johns Hopkins Employer Health Programs (EHP), and Hopkins ElderPlus

**Type of Change:** Claims Submission and Management System

**Explanation of Change:** 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 address for Priority Partners, EHP, 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 address 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:**

New member ID cards will have the same format as current member ID cards, member identification numbers (the new member ID will be a nine-digit numeric value and 2-digit person number), EHP group numbers (EHP group numbers will change slightly; the prefix will be the same but longer) and the claims address will change.

Also, PCP designation will be individual provider instead of group for Priority Partners. ***Members who were previously assigned at the PCP group level, will be assigned to a PCP in that group based upon PCP claim history. If the member does not have claims history with that PCP group, then the members will be distributed equally across the PCPs within that group.***

New Priority Partners member ID cards will be mailed out mid-July, new EHP member ID cards will be mailed out mid-September

### **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 appeal
- 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**

#### **EDI Submissions**

No change to payor IDs

#### **Inpatient claims submitted electronically do not need to be split.**

Inpatient claims will be processed based on admit date. Availability will be routing claims as necessary.

#### **EDI claims need to be split by date of service for outpatient claims or claims for professional services provided during an inpatient stay. Authorization information will be carried over to Facets system.**

Authorization numbers will be valid on both claims if a date span requires a split claim.

Authorization numbers in MC400 will be transitioned into Facets; the number will remain the same. JHHC will transfer unused units on existing authorization to Facets as available units.

Claims cannot be faxed after the migration.

After the transition, the option to view the remittance will still be available in HealthLINK for Priority Partners and EHP.

There will not be a crosswalk of member ID numbers in HealthLink; new member ID numbers will be available in HealthLink after the transition.

## **Paper Submissions**

### Inpatient Claims

- If admit date is prior to cutover, submit claims to current claims P.O. Box.
- If admit date is on or after cutover date, submit claims to new P.O. Box.

### Outpatient/Professional Claims

- DOS prior to cutover – submit claims to current claims P.O. Box.
- DOS on or after cutover – submit claims to new P.O. Box.
- Providers will receive two remits – one for DOS prior to cutover and one for DOS on or after cutover.

## **Payment Disputes**

### **Paper Submissions**

- DOS prior to cutover – submit claims to current P.O. Box and fax number.
- DOS on or after cutover – submit claims to new P.O. Box, same fax number.

Payment disputes can still be faxed to the same number as they are currently.

### Web Portal Submissions

No change to process – submissions will be routed internally to Cognizant for processing if DOS is after cutover.

## **Customer Service**

Providers will call the existing Customer Service numbers and follow the prompts. If calling Customer Service with a question regarding a claim with a date of service prior to the transition, the call will be routed to JHHC Customer Service; if provider is calling with a question regarding a claim with a date of service on or after the transition, the call will be routed to Cognizant. This call routing will be in place for 18 months.

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*Please contact the JHHC Provider Relations department at 1-888-895-4998 with any questions or concerns.*