



Overview & Important Information

- Johns Hopkins Advantage MD HMO is a Medicare Advantage product administered by Johns Hopkins HealthCare. Advantage MD HMO has a closed network and requires 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 Johns Hopkins Advantage MD HMO include lower-cost and easy access to preventative medical services, hospital stays, prescription drugs, preventive dental coverage and vision care. Advantage MD HMO will also 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, Baltimore City, Calvert, Carroll, Frederick, Howard, Montgomery, Somerset, Washington, Wicomico, and Worcester counties
 - Currently have (or are 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 Johns Hopkins Advantage MD HMO, Medicare must not be billed for covered medical services (with the exception of routine clinical research studies and hospice services)

Member ID Card

		Johns Hopkins Advantage MD (HMO)	
Member Name F_NAME M_INIT L_NAME		Effective Date: MEIA_REQ_DT	
Member ID: SBSB_ID Health Plan: H1225'001 PCP: PRPR_NAME Phone#: PRAD_PHONE		In-Network	
RxBIN: 004336 RxPCN: MEDDADV RxGRP: RX_GROUP		Office Visit Copay: SXX Specialist Copay: SXX Urgent Care Copay: SXX ER Copay: SXX	
		There are no out-of-network benefits. Members are fully liable for the cost of out-of-network services.	

		For benefit information call Customer Service (Members and Providers): 1-877-293-4998 TTY: 711 or visit www.hopkinsmedicare.com	
DO NOT BILL MEDICARE Medicare limiting charges apply.		24-hour Nurse Chat Line: 1-888-202-8828	
Submit medical claims to: Johns Hopkins Advantage MD PO Box 3537 Scranton, PA 18505		For non-Medicare covered dental related inquiries, please contact DentaQuest: 1-844-231-8318	
Present this card at the time of service and with every prescription.		Prior Authorization: 1-877-293-4998 Pharmacist Use Only: 1-866-693-4620	

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)
877-293-4998
855-206-9203 Fax

Pharmacy Services

877-293-4998
855-633-7673 Fax

Superior Vision

866-819-4298

DentaQuest

844-231-8318

TruHearing

1-877-293-5325

Provider Relations

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

Fraud and Abuse

844-697-4071
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

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

Key Referral Information

Specialty care requires a referral from the member's PCP.

Advantage MD HMO Equity Partners PCPs referring members for specialty care inside of the same Equity Partner Health System will continue to follow their internal referral process. A referral should not be submitted to JHHC.

Advantage MD HMO Equity Partner PCPs referring members for specialty care outside of their Equity Partner Health System to a JHHC participating provider are required to submit a referral to JHHC. PCPs can submit a referral online at www.jhhc.com via the HealthLINK@Hopkins portal or fax a Uniform Consultation Referral Form to 410-424-4036.

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.