

## Maryland iHOMES Network

### Improving Health Outcomes and Medical Education for Sickle Cell Disease



who live in Maryland. Supported through a 4-year grant from the Health Resources and Services Administration, the program has three primary goals for iHOMES:

- Connect adult patients who have SCD with primary care providers (PCPs) and support the relationship.
- Help older adolescents and young adults with SCD to transition effectively from pediatric to adult (PCPs).
- Train primary care providers to care for people with SCD of all ages and provide the necessary tools to deliver high quality care.

All members and patients in the iHOMES network receive the following benefits.

Provider benefits:

- Free webinar series on the basics of primary care for patients with SCD.

- On-line interactive web-based modules that summarize primary care evidence-based recommendations.
- Enhanced communication with and access to pediatric and adult hematologists with a clinical focus on SCD to answer questions about patients.
- The latest evidence-based care guidelines.

SCD Patient benefits:

- Community Health Workers who can provide in-home outreach and education to patients.
- Free transportation to help patients attend PCP clinic appointments.
- Free dental care for patients who lack dental access.
- Links to Community Based Organizations that provide information and services for people with SCD and sickle cell trait.

*Johns Hopkins HealthCare supports medical initiatives and measures that improve our members' health and health care experience. The information provided below is intended for participating network providers in order to provide the best care possible for our members.*

The Improving Health Outcomes and Medical Education for Sickle Cell Disease (iHOMES) Network is dedicated to providing high-quality primary care to people with sickle cell disease (SCD)

*Continued on page 3*

## Network Manager Meet and Greet

### Meet Angie Scott...

a Johns Hopkins HealthCare (JHHC) Contract Network Manager in the Provider Relations Department. As a contract network manager, Angie is responsible for all territories in Delaware. She is also responsible for provider recruitment for the Johns Hopkins US Family Health Plan expansion in Delaware, ancillary providers and hospitals.

Angie has more than 16 years of health care experience. She recently joined the JHHC team and is a telecommuter.

If Angie can assist you with any questions or concerns, please don't hesitate to contact her at 855-657-8599 or by email at [ascott@jhhc.com](mailto:ascott@jhhc.com). You can also contact her network coordinator, Kim Hoover-Byrne at 410-762-5208 or [KHoover-Byrne@jhhc.com](mailto:KHoover-Byrne@jhhc.com)



# MEDICAL DIRECTOR'S Corner

## Change is coming with ICD-10



Dr. Bruce Vandever is a medical director at Johns Hopkins HealthCare.

A massive change for providers is fast approaching. In less than two years from today, we must convert to a new detailed coding system for documenting diagnoses and treatment. The Centers for Medicare and Medicaid Services (CMS) have indicated this is a hard deadline.

Failure to comply will have significant consequences for our providers, including not getting reimbursed for services provided to our members.

Johns Hopkins HealthCare is developing plans for supporting community physicians. We want this conversion to be timely, thorough, and as easy as possible.

Unfortunately, the clock is ticking. We can't afford to approach 2013 unprepared. Steps providers should take right away include the following:

- Identify every system and work process that must be converted. ICD-9 is intertwined in almost everything we do
- Identify changes to workflow and business operations
- Communicate with insurers and vendors about implementation plans
- Budget time and money for this major conversion
- Prepare to train staff on using the new codes properly
- Allow extra time for testing before the changeover
- Expect an initial loss of productivity

The complex nature of ICD-10 means extra work. Some ICD-9 codes have no direct ICD-10 counterpart. Some existing codes have been dropped entirely. Some ICD-9 codes will require the provider to put two ICD-10 codes together. Most disconcerting, many ICD-9 codes will convert to multiple ICD-10 codes.

For example, knee lacerations won't have a single code anymore, but three. Left-knee lacerations, right-knee lacerations, and unspecified knee lacerations. Coding for altered function from substance abuse, which is one code now, will give the provider a choice of nearly 60 codes.

I can't state strongly enough the importance of advanced planning. Conversion will be time consuming. But we have no choice. All HIPAA transactions, including outpatient claims with dates of service, and inpatient claims with dates of discharge, must use ICD-10 codes beginning Oct. 1, 2013. There will be no exceptions.

So put ICD-10 preparation at the top of your "must do" list. Don't delay. It's in your best interest to make this conversion as painless and successful as possible.

### The Details

Providers, payors and health care facilities in the United States must convert from ICD-9 to ICD-10 codes by Oct. 1, 2013. This will be a complex undertaking sure to produce headaches. But the change is needed.

While we're comfortable with the current ICD-9 system, it is obsolete. It's a 30-year-old code set that has reached its useful limit. ICD-10 is already in place in 138 countries and Canada converted a decade ago.

ICD-10 offers greater flexibility in describing medical conditions and services. Each code contains more characters, combining numbers and letters, leaving room for detailed classification within each disease or treatment. There are 155,000 choices in ICD-10 versus 17,000 in ICD-9.

Benefits from this conversion should be substantial, including accurate payments for new diagnoses not currently covered by ICD-9, improved patient disease management and research data; more precise quality measurements and; eventually, fewer reimbursement rejections and faster payment.

Getting to that point, though, won't be easy. It requires planning, training, software upgrades and time for testing and learning the new codes.

*Hopkins Across the Board* is published quarterly for Priority Partners, Johns Hopkins US Family Health Plan and Employer Health Programs network providers by Johns Hopkins HealthCare LLC, Marketing and Communications Department. JHHC President – **Patricia Brown**; Chief Operating Officer – **Jeffrey Joy**; Chief Executive Officer (Priority Partners) – **Robert R. Neall**; Vice President (EHP) – **Keith Vander Kolk**; Vice President (USFHP) – **Mary Cooke**; Chief Financial Officer (EHP) – **Mike Larson**; Vice President (Care Management) – **Linda Dunbar**; Provider Relations Senior Director – **Dina Goldberg**; Marketing and Communications Senior Director – **Victoria Fretwell**; Communications Manager/Editor – **Donna L. Chase**. To submit information or articles, email [dchase@jhhc.com](mailto:dchase@jhhc.com)

# FOR ALL

# Providers



## *Maryland iHOMES Network ... Continued from page 1*

To do this effectively, a network of PCPs who care for, or would like to care for, patients with SCD is being developed. If you are interested in this program, please call our SCD hotline at 443-717-2198 or email us at [iHomes@jhmi.edu](mailto:iHomes@jhmi.edu). You can also get more information by visiting our website at [www.hopkinsmedicine.org/Medicine/sickle](http://www.hopkinsmedicine.org/Medicine/sickle).

### *Information provided by:*

*Lenny Feldman, M.D., Principal Investigator*

*Rosalyn Stewart, M.D., Principal Investigator*

*Charlene Davis, Program Coordinator*

## National Provider Identifier (NPI)

Please note that all claims submitted should have the rendering providers' NPI number in Box 24j and all specialty claims submitted should have the referring providers' NPI number in Box 17b of the CMS 1500 form.

## Attention OB/GYN Providers

Did you know that a **Comprehensive Prenatal** visit complies with the **Adolescent Well Child** HEDIS guidelines and requirements? For those OB/GYN practices providing care to pregnant adolescents between the ages of 12-21 years of age, a comprehensive prenatal visit that includes all three components of an adolescent well child visit will meet the Healthcare Effectiveness Data and Information Set (HEDIS) requirement for this measure.

The three components that must be included in the chart notes are: Health and Development History



(physical & mental); Physical Examination; and Health Education/Anticipatory Guidance.

To capture information for the HEDIS Adolescent Well Child measure, it is helpful to include a secondary code indicating Adolescent Well Child care when billing the prenatal visit. Any of the following billing codes will capture and report the quality care that you provide to this age group: CPT: 99383, 99384, 99385, 99393, 99394, 99395; or HCPC's: G0438, G0439; or ICD-9: V20.2, V70.0, V70.3, V70.5, V70.6, V70.8, V70.9.

# FOR ALL

# Providers



## Provider Reimbursement for Pharmacy

### Stock Medications and Medical Devices

Providers who administer or implant a drug or medical device that they purchased may bill the health plan for the cost of the covered drug/device, as well as the administration/insertion fee using the appropriate Healthcare Common Procedure Coding System (HCPCS) codes.

### Drugs and Medical Devices Ordered for Specific Members

For providers who order a drug and/or medical device from a Specialty Pharmacy Provider (SPP) for a specific health plan member; you may not bill the health plan for this drug and/or medical device as the SPP will bill and be reimbursed directly by the health plan. In this case, providers may only seek reimbursement from the health plan for the administration and/or insertion of the drug/medical device using appropriate HCPCS codes.

Additionally, Johns Hopkins HealthCare (JHHC) would like to remind providers to use two simple steps when ordering SPP drugs and/or medical devices:

- Determine if the drug and/or medical device is appropriate for the health plan member and that he/she is eligible and has been properly educated regarding the drug and/or medical device
- The provider and health plan member fully agree on the recommended course of treatment.

JHHC would like to thank you for teaming with us in minimizing unnecessary health plan resource use and waste of drugs and/or medical devices obtained from SPPs. If you are a new provider, or have any questions regarding procurement and billing of the drugs and/or devices secured from SPPs, you may contact JHHC's Pharmacy department at 888-819-1043, option 4, or Provider Relations at 888-895-4998.

## Referral Guidelines

Effective January 1, 2012 the Outpatient Referral and Pre-Authorization Guidelines, which have been updated for Priority Partners, Employer Health Programs (EHP) and Johns Hopkins US Family Health Plan (USFHP), will be available online at [www.jhhc.com](http://www.jhhc.com). Click on Providers and Physicians in the left hand column, then click on Resources and Guidelines.



## Resources

Updated pharmacy resources are available on the Johns Hopkins HealthCare website at [www.jhhc.com](http://www.jhhc.com). These include formulary information, generic substitution requirements and prior authorization forms. A printed copy of JHHC's pharmaceutical management procedures is available to providers upon request. Please call 888-819-1043, option 4 to request this information.



JUST FOR

*Priority Partners MCO Providers*

# The Positive Reality of Priority Partners



**Flor Aguilar-Orellann**

Flor Aguilar-Orellann wasn't pleased with the first doctor she had when her children were born. She was unhappy that her children's required shots had not been given to them. Flor was finally ready for a change.

Receiving the proper health care is very important to Flor. Being a native of El Salvador, Flor felt as if she didn't have as many doctors to choose from.

One benefit of being a Priority Partners member is our interpreter services. Interpreters set up appointments and attend them with the member to make sure they understand all that is being said to them. Olivia Utrera is an interpreter for Frederick County where Flor lives. With Olivia's help, Flor now feels comfortable with her doctor.

"One of the most important things for me is my kids' wellness. I feel good about Priority Partners and the doctors that I have. I am very satisfied," said Flor.

A day before Mother's Day 2011, Paul Merriman, 17, was riding his bike to a friend's house. Paul fell off his bike. Afterwards, he called his parents to let them know what had happened.

When his parents went to get him, Paul had a few scrapes, but no signs of a serious injury, said his mother, Marcia Merriman. But once he got home, Paul's head began to hurt really bad.

Paul was rushed to Johns Hopkins Hospital by ambulance. The medical staff treated Paul right away, stabilizing his condition. He was suffering from blood on his brain. Paul

could've died had the injuries gone untreated for another 20 minutes, according to his mother.

Today, Paul is doing well. It is as if he never had a serious brain injury.

"Being a Priority Partners member has meant life to my son. I can trust the quality of care we will get with Priority Partners. Other insurances don't compare to Priority Partners. Johns Hopkins is amazing," Marcia said.



**Marcia Merriman**



**Martha Lopez**

When Martha Lopez brought her baby son, Marcello, home from the hospital in January, she was hoping for the best.

Unfortunately, Marcello had to go back to the hospital the next month after getting sick. When the test results came back, doctors found that Marcello had Mucopolysaccharidosis II, a serious genetic disorder.

Kathryn Darby, Martha's case manager via Johns Hopkins HealthCare, has been coordinating

services for Marcello. He currently has a nurse who comes to the Lopez home twice a week to check Marcello's heart, lungs and temperature. In addition, Martha takes Marcello to see four specialists. He is taking six different medications. All his supplies and equipment are provided by Priority Partners.

Anything Martha needs for Marcello's care, Kathryn sets it up.

"Priority Partners has been a great help with the care provided for Marcello," Martha said. "I can't say that I would be able to take care of Marcello without Priority Partners."

# PROVIDER UPDATES

*Priority Partners*

## Priority Partners Member Satisfaction Survey 2011

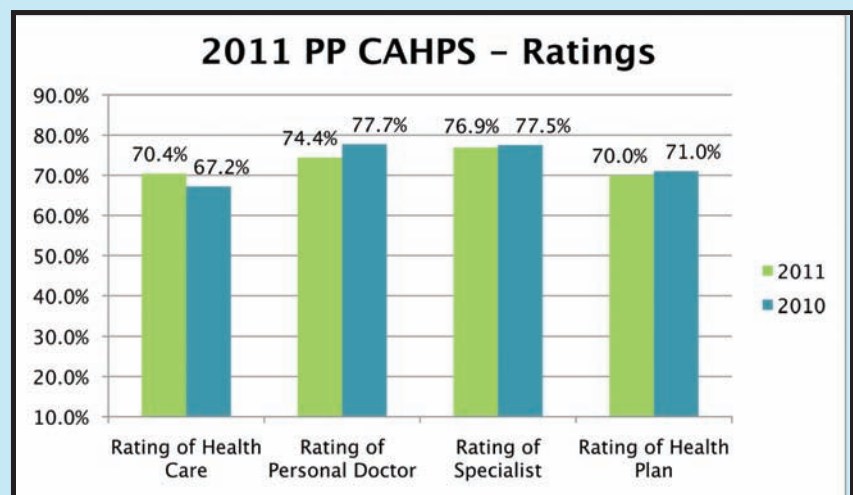
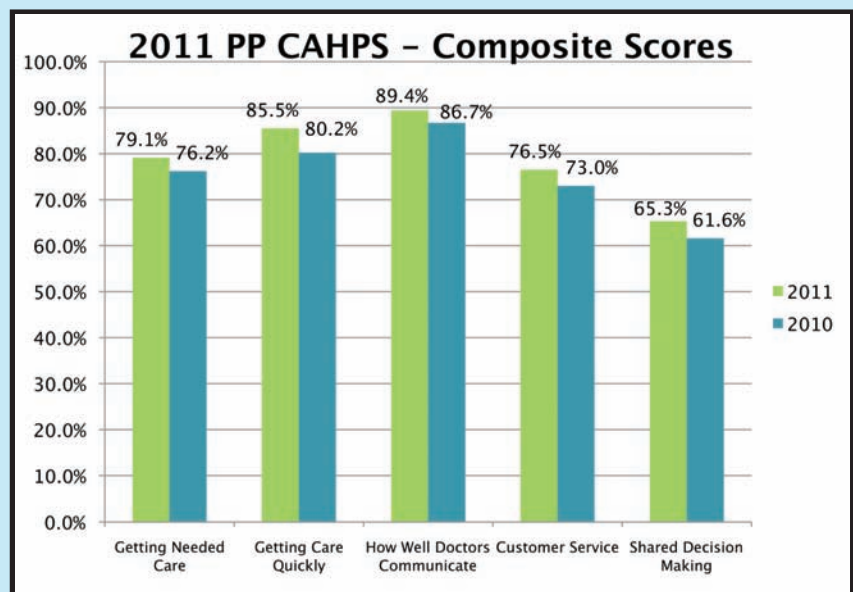
On behalf of Priority Partners (PPMCO), WB&A Market Research was selected by the Maryland Department of Health and Mental Hygiene (DHMH) to conduct its annual Consumer Assessment of Health Care Providers and Systems (CAHPS®) survey.

The survey was administered during the spring of 2011 to a random sample of PPMCO members. The objective of the survey was to capture and measure information about consumer-reported experiences with health care. Members were asked about their experiences regarding the availability of care, customer service, access to care, how well their doctors communicate, and with the health plan overall.

PPMCO's results demonstrated that improvement was noted with several composites which include: Getting Needed Care; How Well Doctors Communicate; Shared Decision Making; and Rating of Health Care. Getting Needed Care and Shared Decision Making scores were significantly higher than the HealthChoice aggregate. Based on the 2011 findings, Customer Service has a significant impact on members' overall rating of the Health Plan and is identified as an opportunity for improvement.

The information obtained from the surveys will be incorporated into PPMCO's continuing quality improvement process as we monitor and refine all aspects of the program to best meet our member's health care needs. WB&A Market Research will administer the annual CAHPS® survey during the spring of 2012.

Please encourage your members to complete the survey so that we are able to assess their needs, provide better services, and evaluate the impact of our improvement efforts.



# PROVIDER UPDATES

*Priority Partners*

## From the Pharmacy

The Priority Partners' Pharmacy and Therapeutics (P&T) Committee recently reviewed Incivek and Victrelis, two new FDA-approved agents for the treatment of Genotype 1 Hepatitis C. Victrelis was added to the Priority Partners formulary with Prior Authorization. Incivek was not added to the formulary.

The committee also reviewed Xarelto, Brillinta, Daliresp and Sprix. These medications were not added to the Priority Partners Formulary.



If you have questions regarding this information, please call 888-819-1043, option 4.

## PRIORITY PARTNERS IMPORTANT NUMBERS

Customer Service  
410-424-4790  
888-819-1043

Provider Relations  
888-895-4998  
410-762-5385

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

Case/Disease Management  
888-309-4576

Health Education  
800-957-9760

Block Vision Services  
800-428-8789

Eligibility Verification  
System (EVS)  
866-710-1447

HealthChoice  
800-977-7388

Outreach  
410-424-4648  
888-500-8786

ValueOptions  
800-888-1965

Substance Abuse  
410-424-4476  
800-261-2429

Dental (DentaQuest)  
800-698-9611

PAC  
800-654-9728

Corporate Compliance  
Compliance@jhhc.com  
410-424-4996

Priority Partners Website  
www.ppmco.org

## New Interactive Provider Manual

We have developed a new online interactive provider manual just for you. There's a host of functionality including a search function, page curls, back buttons, forward buttons, magnification, and varying page views that will get you to the information you seek, all with just a few clicks of the mouse.

First, go to [www.jhhc.com](http://www.jhhc.com), and click on For Providers & Physicians in the left hand menu. Then click on Resources & Guidelines in the left hand menu. In the center of the page you will see Priority Partners Provider New Interactive Manual. Click on the manual and begin exploring.



JUST FOR

*Johns Hopkins US Family Health Plan Providers*

## USFHP Ranks Best in Maryland



The Johns Hopkins US Family Health Plan (USFHP), a Department of Defense-sponsored managed care plan, was ranked by Consumer Reports as the best private health insurer in Maryland. The plan currently serves approximately 35,000 members in Maryland, Washington D.C. and parts of

Pennsylvania, Delaware and Northern Virginia.

Consumer Reports analyzed 830 health care plans nationally, ranked by an independent, nonprofit, quality measurement organization called the National Committee for Quality Assurance (NCQA). USFHP recently earned the highest NCQA rating of Excellent, which is reserved for health care plans that meet or exceed rigorous requirements for consumer protection and quality.

This is the second year that Consumer Reports is publishing NCQA's rankings, which examined insurance plans in all 50 states and Washington, D.C., including 540 HMOs, 285 PPOs, and five HMOs and PPOs whose owners operate them separately but combine their results. They include plans for Medicare and Medicaid beneficiaries, as well as private

plans serving employers and individuals. Together, these plans enroll an estimated 127 million Americans.

“It is a great honor and we are very proud to be recognized by Consumers Reports and ranked among the top plans in the country and in our state,” says Mary Cooke, vice president, USFHP. “With this recognition comes the responsibility to continue providing the high quality health care our valued military beneficiaries expect and deserve.”

The rankings were based on an overall combined score range of 1 to 100 (higher is better) points. The total score was partially determined by numeric values that were assigned in the rankings' categories of consumer satisfaction, and treatment and prevention. NCQA accredited programs were given an extra 15 points in their evaluation, but, according to Consumer Reports, the extra points do not necessarily guarantee that quality care is provided by those plans.

Nationally, USFHP, a managed care program for military retirees and their family members and active-duty family members of the seven uniformed services, ranked 23 out of 390 listed insurers.

For additional information please visit:  
[hopkinsmedicine.org/bin/e/h/USFHPCConsumerReports.pdf](http://hopkinsmedicine.org/bin/e/h/USFHPCConsumerReports.pdf)

## Bridges to Resilience

Bridges to Resilience is a new Johns Hopkins US Family Health Plan (USFHP) program at Johns Hopkins Community Physicians, Odenton. This program provides USFHP members (assigned to Odenton) with assistance in accessing behavioral health and social services by integrating a project-dedicated behavioral health team (counselor and care management assistant) who serve as the effective

bridge between military family needs and military family services.

USFHP members may contact licensed clinical professional counselors at 443-852-6845 about any needs they may have. If the member is not an Odenton patient and needs assistance accessing behavioral health services, please have them call 888-281-3186.

## USFHP ID Card Change

In order to keep our members' health information confidential, Johns Hopkins US Family Health Plan has made a few changes to the member identification (ID) cards. Please note that the following fields have been removed from the new cards:

- Date of Birth (DOB)
- Gender (M/F)



# PROVIDER UPDATES

## *Johns Hopkins US Family Health Plan*

### USFHP Member Satisfaction Survey 2011

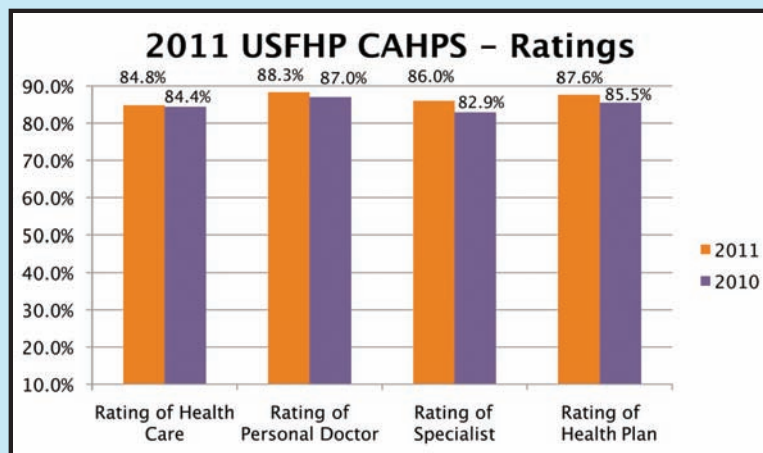
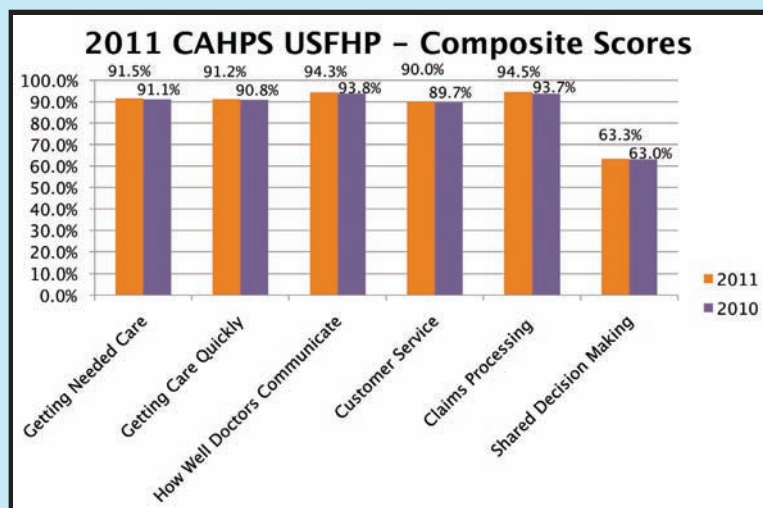
The Johns Hopkins US Family Health Plan (USFHP) is pleased to announce the results of our 2011 Member Satisfaction Survey. The Myers Group, an NCQA certified vendor, administered the survey using the Consumer Assessment of Health Care Providers and Systems (CAHPS®) 4.0H survey methodology. The survey was conducted earlier this year using a random sampling of USFHP members who were asked to rate their satisfaction with their providers, timeliness and quality of services as well as with the health plan overall.

Results of the survey indicated that members were highly satisfied in the following areas: Getting Needed Care, Getting Care Quickly, Claims Processing, and the Ratings of Health Care, Personal Doctor, and Health Plan.

There were opportunities for improvement identified in areas that include: How Well Doctors Communicate and Shared Decision Making. Those composites have a 55th and 69th percentile ranking respectively against the Public Report derived from Quality Compass, a widely used NCQA database that allows for the comparison of plans based on both value and quality.

Providers can help meet member needs by explaining things in an understandable way, listening carefully, and showing respect for what members have to say.

The information obtained from the surveys will be incorporated into USFHP's continuing quality improvement process as we monitor and refine all aspects of the program to best meet our members' health care needs. The Myers Group will administer the annual CAHPS® survey during the spring of 2012. Please encourage your members to complete the survey so that we are able to assess their needs, provide better services, and evaluate the impact of our improvement efforts.



### USFHP IMPORTANT NUMBERS

Customer Service  
 410-424-4528  
 800-808-7347

Provider Relations  
 888-895-4998  
 410-762-5385

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

Case/Disease Management  
 888-309-4576

Mental Health/Substance Abuse  
 410-424-4885

Pharmacy Services  
 888-819-1043

Corporate Compliance  
 Compliance@jhhc.com  
 410-424-4996

Health Education  
 800-957-9760

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

USFHP Website  
 www.hopkinsmedicine.org/usfhp

### For Your Information

Claim Submissions  
 Johns Hopkins  
 US Family Health Plan  
 P.O. Box 33  
 Glen Burnie, MD 21060-0033  
 Attn: Claims Department

Appeal Submissions  
 Johns Hopkins  
 US Family Health Plan  
 P.O. Box 33  
 Glen Burnie, MD 21060-0033  
 Attn: Appeals Department



# JUST FOR *Employer Health Programs Providers*

## My EHP Story- Michael Gilchrist

Michael Gilchrist Sr., a driver for Broadway Services Inc, and his wife, Sharon, have more challenges than the typical family. They have two sons who have been diagnosed with Autism. Medical appointments, medications and just basic care for their sons can quickly become very expensive. But with Employer Health Programs (EHP) insurance behind them, the Gilchrist's have been able to focus on providing the best care for their children.

When Michael Sr. was looking for providers, EHP Customer Service was able to recommend the specialists the boys needed. Michael Jr., 11, and Ronald, 5, go to speech appointments and therapy sessions, where their behavior is monitored and accessed twice a month.

In addition, Michael Jr. and Ronald take three different medications, with a combined cost of about \$50, which is affordable for Michael Sr. and Sharon.

“In having children with medical issues, it makes me feel very comfortable knowing that EHP is there. If I was with any other health plan, we would probably be paying a lot more,” Michael Sr. said. “EHP takes care of all of my problems. I’m glad to have it.”



Michael Gilchrist

## My EHP Story- Dawn Sayers

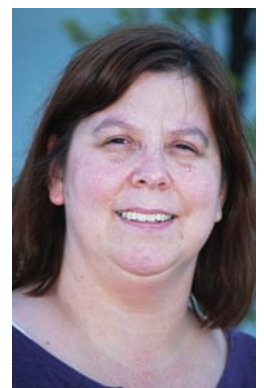
With two teenage daughters, trips to the mall were a weekly occurrence for Dawn Sayers. About two years ago, though, Dawn found the weekly shopping routine to be more of a physical challenge. That’s when Dawn knew something was wrong.

Dawn is a customer coordinator for Johns Hopkins Home Care Group. She was used to being witty, energetic and able to keep up with her three children. Instead, she was irritable, tired and experienced shortness of breath. After a visit to her doctor, Dawn was diagnosed with premature ventricular complexes and her blood pressure measured high. Something had to change.

With the help of her EHP case manager, Dawn implemented a plan to regain her health. Dawn significantly changed her diet. Dawn often fried her food and ate a lot of red meats

and greasy foods. Today, she bakes and grills her food while eating a lot of fruits and vegetables. Dawn’s case manager also makes sure that she has the proper medications.

“Out of all of the insurances that I’ve had in my life, it is easy to work with EHP. You get to talk to an actual person when you need something. It’s the best plan I’ve ever been on,” Dawn said. “I wouldn’t get the same care with somebody else.”



Dawn Sayers

Now that Dawn’s health issues are under control, she can keep up with her children’s busy schedule. But most importantly, Dawn feels like herself again.

# PROVIDER UPDATES

## Employer Health Programs Providers

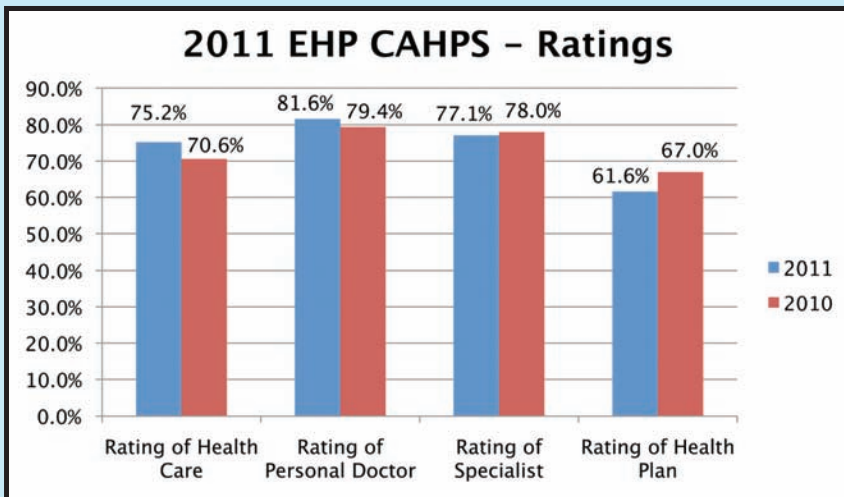
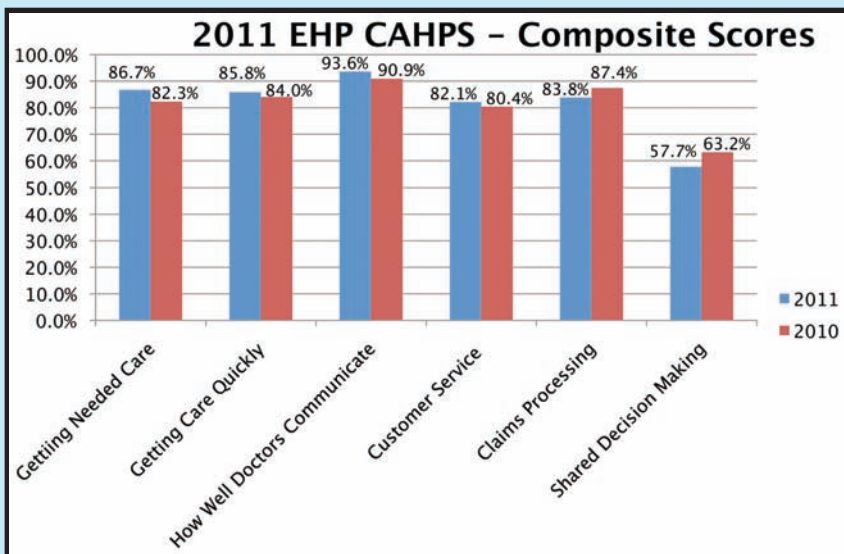
### EHP Member Satisfaction Survey 2011

On behalf of Employer Health Programs (EHP), the Myers Group, a NCQA certified vendor, conducted the annual Consumer Assessment of HealthCare Providers and Systems (CAHPS®) survey using the 4.0H survey methodology. The survey was conducted earlier this year using a random sampling of EHP members. The objective of this survey was to measure member experiences with their health care. Members were asked to rate their satisfaction with their providers, timeliness and quality of services as well as with the health plan overall.

EHP's results demonstrated that improvement was noted with several composites including: Getting Needed Care, How Well Doctors Communicate, Rating of Personal Doctor, and Rating of Care.

As with any survey there were opportunities for improvement that were identified which include Claims Processing and Customer Service.

The information obtained from the surveys will be incorporated into EHPs continuing quality improvement process as we monitor and refine all aspects of the program to best meet our member's health care needs. The Myers Group will administer the annual CAHPS® survey during the spring of 2012. Please encourage your members to complete the survey so that we are able to assess their needs, provide better services, and evaluate the impact of our improvement efforts.



### EHP IMPORTANT NUMBERS

Customer Service  
410-424-4450

Provider Relations  
888-895-4998  
410-762-5385

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

United Concordia (Dental)  
866-851-7576

Dental (Members)  
800-516-0646

Pharmacy Prior Authorizations  
888-413-2723

Mental Health/  
Substance Abuse Referrals  
410-424-4476  
800-261-2429

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

Health Education  
800-957-9760

Corporate Compliance  
Compliance@jhhc.com  
410-424-4996

Website  
www.jhhc.com

# PRACTICALLY

## Speaking

### From the Pharmacy

As part of EHP's ongoing efforts to reduce prescription costs, we have identified two medication classes with an opportunity to increase generic use. Effective January 1, 2012, EHP will implement step-therapy programs for brand proton-pump inhibitors (such as Nexium) and brand cholesterol medications (including Crestor).

These step therapy programs require EHP members who are new to therapy to try a generic medication in the same therapy class as first-line therapy. Members who have been taking a brand name medication in the past six months will not be affected.

Generic medications are safe and effective for most patients. If you believe your patient is unable to use a generic medication from the formulary, you may submit a request for prior authorization to EHP. Information about prior authorization requests is available in the "Coverage and Benefits" section of the [jhhc.com](http://jhhc.com) website.

*This information applies only to EHP members with prescription coverage through Caremark.*

### Zostavax Vaccine for EHP Members

The Zostavax (Shingles) vaccine is a covered medical benefit for all EHP members. It is covered for members age 60 and over, per the Centers for Disease Control and Prevention (CDC) guidelines. Network providers may supply the vaccine and bill EHP for both the vaccine and administration costs using required billing codes.

If your office is unable to supply the vaccine for the member, the member may obtain the vaccine from other sources, such as a pharmacy. The member must pay out-of-pocket and submit a member reimbursement form and receipt to EHP (the form is available on [www.ehp.org](http://www.ehp.org)).

The vaccine reimbursement will be paid under the member's Option 1 medical benefit, and the reimbursement will be subject to their medical plan benefit processing guideline.

If you have questions regarding fraud or suspected fraudulent activities involving a Priority Partners, USFHP or EHP member, provider or employee, please contact the Corporate Compliance Department at 410-424-4996 or by email at [compliance@jhhc.com](mailto:compliance@jhhc.com)

**HealthLINK@Hopkins** is a secure web portal for Priority Partners, Johns Hopkins US Family Health Plan (USFHP) and Employer Health Programs. As (EHP) members and network providers, search for existing claims, review electronic remittance advice, search for members, receive reports, check the status of referrals and authorizations, send secure messages to Customer Service, and much, much more. Go to [jhhc.com](http://jhhc.com). Look for [HealthLINK@Hopkins](mailto:HealthLINK@Hopkins) to the right of the page, and register today! If you have questions, please contact Provider Relations at 888-895-4998.

