How to Use This Handbook
This is your official Johns Hopkins Employer Health Programs (EHP) handbook. It can help you use and better understand your health plan. For specific benefit information, you must also review your Summary Plan Description (SPD) and Schedule of Benefits (SOB). Your SPD can be obtained through your Human Resource (HR) office. Your SOB can be found online at www.ehp.org. It provides information about:

- Covered services, requirements, and limitations
- Co-payments, co-insurance, deductibles, etc.
- Services that require prior authorization

In cases where this handbook’s language differs from your SPD’s language, your SPD’s language governs; please read it carefully.

Important Contact Information
The services that EHP administers vary among plans. Check your SPD to see which services are covered by your EHP plan.

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<th>Name</th>
<th>Address</th>
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<tr>
<td>EHP Customer Service</td>
<td>7231 Parkway Dr., Suite 100</td>
<td>800-261-2393</td>
<td>410-424-4450</td>
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<td>(M-F, 8 a.m.–5 p.m.)</td>
<td>Hanover, MD 21076</td>
<td>410-424-4895</td>
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<td><a href="http://www.ehp.org">www.ehp.org</a></td>
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<td>Suburban Hospital Customer Service</td>
<td>7231 Parkway Dr., Suite 100</td>
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<td>National Provider Network</td>
<td>N/A</td>
<td>866-980-7427</td>
<td>212-780-2000</td>
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<td>MultiPlan’s PHCS Healthy Directions</td>
<td>network: <a href="http://www.multiplan.com">www.multiplan.com</a></td>
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<td>212-780-0420</td>
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<td>Mental Health and Substance Abuse Services</td>
<td>7231 Parkway Dr., Suite 100</td>
<td>800-261-2429</td>
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<td>7231 Parkway Dr., Suite 100</td>
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<td>EHP Chat with a Nurse</td>
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Contents

Welcome to EHP ......................................................... 6
What Can Be Found Online ........................................... 6
Membership Card Overview ........................................... 7
Information About Your Coverage .................................. 8
Covered and Non-Covered Benefits and Services ............... 8
Continuation of Coverage ............................................. 8
Prescription and Pharmacy Information .......................... 8
Evaluation of New Technology, Drugs, and Benefits .......... 9

When You Need Care ................................................... 10
Our Provider Network .................................................. 10
Accessing Care Outside the State ................................... 10
Accessing Care Outside the Network .............................. 10
Scheduling or Canceling an Appointment ....................... 10
Urgent Care ............................................................. 11
Emergencies ............................................................. 11
Hospital Care ........................................................... 11
Specialist Care .......................................................... 12
Behavioral Health Care ................................................ 12
How to Access Utilization Management ......................... 12
Interpreter Services ..................................................... 12

Care Management ....................................................... 13
Stay Well with Care Management .................................. 13
How to Self-Refer ....................................................... 14
Health Coach Program ................................................. 14

Administration ........................................................... 15
How To File a Claim ..................................................... 15
Appeals and Complaints ................................................. 15

Your Rights and Responsibilities .................................... 17

What to Know About Your Privacy ................................ 19
Privacy Practices Overview ........................................... 19
Health Care Fraud and Abuse ........................................ 20
Welcome to Johns Hopkins Employer Health Programs (EHP). As a member, your health and well-being are our number-one concern. We have prepared this handbook to help you better understand EHP and your coverage, and to help you use your health benefits. We will provide you with other information about your health plan as needed, except when the law prohibits it. Call Customer Service at 800-261-2393 or Suburban Hospital Customer Service at 866-276-7889 for details. Some items for which we can provide more information include:

• Facts about how we choose our providers
• Standards we use to choose providers in our network and medical review staff
• Standards we use to review the quality of care
• Listings of our providers, including Primary Care Providers (PCPs), specialists, and others
• A list of mental-health and substance-abuse providers
• Advice on how to get a copy of your medical records

What Can Be Found Online
To view your Schedule of Benefits (SOB), please visit www.ehp.org. Among other features, this website will allow you to:

• Search for provider by location, language spoken, gender, professional qualifications, and more
• Request to change your Primary Care Provider (PCP)
• Contact Customer Service via email
• Access and download forms
• Obtain general information about EHP and our national medical and dental networks
• Register for and log into the secure member portal, HealthLINK@Hopkins, where you can review your eligibility and benefit coverage, check the status of claims, access pharmacy information, review Utilization Management requirements, request a new ID card, input and track your medical history, and more.

To view or obtain a copy of your Summary Plan Description (SPD), please visit your Human Resources website or office.
Membership Card Overview

Your EHP member ID card should be enclosed in your enrollment packet. If it is not included, it will be mailed to you shortly. Your card identifies you as an EHP member and contains important information about you, your PCP (should you select one), your co-payments, and telephone numbers for service information. Always carry your member ID card with you and present it when you receive health care services. If you haven’t received one yet, please call Customer Service at 800-261-2393 or Suburban Hospital Customer Service at 866-276-7889.

Above are sample member ID cards. Please review your actual card for your ID number and information specific to your coverage including:

1. Employer
2. Member ID number
3. Group number
4. Co-payments
5. EHP member services contact information
6. National network contact information
Information About Your Coverage

Covered and Non-Covered Benefits and Services
EHP administers benefits for many employers, each offering specific covered benefits and services, prescription drug coverage, and co-payment amounts. EHP does not cover services related to workers’ compensation; automobile accidents; services deemed experimental, investigational or not medically necessary by EHP; or services listed as “non-covered benefits” in your Summary Plan Description (SPD). Review your employer’s SPD and Schedule of Benefits (SOB) for details as to what is covered or not covered by your unique plan. If you have specific questions regarding your coverage, call Customer Service or log on to your secure account on HealthLINK@Hopkins. Your SPD can be obtained through your HR office.

Continuation of Coverage
You and other covered family members may be eligible for COBRA continuation of health coverage when you and/or your family members would otherwise lose your medial plan coverage because of a “qualifying event.”

To learn more about this continuation of coverage, including whether and how COBRA is offered, contact your HR office for plan-specific details.

Prescription and Pharmacy Information
Prescription drug benefits vary among EHP employer groups. Certain programs referenced in this section of the handbook, and in some cases the prescription benefit, are not applicable to all EHP employer groups. For information on your specific pharmacy coverage, limitations, and exclusions, call your HR office or the pharmacy number listed on your ID card.

Co-Pay Tier
Starting in 2015, some EHP members who have prescription drug coverage administered by EHP will have a four-tier drug benefit (not applicable to all employer groups). With a four-tier drug benefit, your prescription medications fall into one of four tiers. Each tier has a different co-pay or out-of-pocket expense.

The four-tier co-payment benefit consists of the following tiers:
- **Tier One**: All Generic Drugs (lowest co-pay). Approved by the Food and Drug Administration (FDA), generic drugs contain the same active ingredients as brand-name medications. Generics are chemically and therapeutically equivalent to brand drugs, but are available at a lower price.
- **Tier Two**: Preferred Brand Drugs (middle tier co-pay). These brand-name drugs have been identified as the most therapeutically safe and effective options for treatment of most medical conditions.
- **Tier Three**: Non-Preferred Brand (higher co-pay). These drugs often have a generic equivalent or a preferred-brand drug alternative. This tier also includes new drugs not yet reviewed by the Johns Hopkins HealthCare Pharmacy and Therapeutics Committee.
- **Tier Four**: Brand Drugs with Generic Substitute (highest co-pay). This tier includes brand drugs for which a generic equivalent is available, as well as select non-preferred brand drugs.
To determine the co-payment amount, formulary status, availability of generic substitute, and preferred formulary alternatives for any of your medications, or to search for a participating pharmacy near you, visit www.caremark.com* (registration is required for first use). *Not applicable to all employer groups.

**Generic Medications**

**EHP encourages the use of generic medications.** Generic drugs are chemically identical to their branded counterparts. They are made with the same active ingredients, and produce the same effects as their brand-name equivalents. The Food and Drug Administration (FDA) requires generic drugs to have the same quality, strength, purity, and stability as brand-name drugs. Also, the FDA requires that all drugs, including generic drugs, be safe and effective.

Brand-name drugs with generic equivalents are placed in Tier Four for some groups. If you choose a brand-name drug with a generic equivalent, you will be required to pay a higher cost share.

Your cost share for brand-name drugs with a generic equivalent available is determined by your employer’s Summary Plan Description (SPD). Depending on your employer-specific benefit, you may be required to pay the highest co-pay (Tier Four) or pay the highest co-pay plus the difference in price between the brand and its generic equivalent.

**Prior Authorization and Quantity Limits**

Certain medications require prior authorization before coverage is approved. These drugs are subject to specific criteria approved by physicians and pharmacists on the Johns Hopkins HealthCare Pharmacy and Therapeutics Committee. Established criteria are based on medical literature, physician expert opinion, and FDA-approved labeling information.

Certain prescription medications have specific dispensing limitations for quantity and maximum dose. These dispensing limitations are based on generally accepted guidelines, drug label information approved by the FDA, current medical literature, and input from a committee of physicians and pharmacists. The three types of quantity limits are:

- Coverage limited to one dose per day for drugs that are approved for once-daily dosing
- Coverage limited to a specific number of units over a defined time frame
- Coverage limited to approved maximum daily dosage

When medically necessary, an exception to quantity limits can be requested. To see a list of drugs in your EHP plan that have quantity limitations or that require prior authorization, visit the member’s pharmacy section at www.ehp.org or call Customer Service to have a list mailed to you. This list is subject to change without notice and is not applicable to EHP plans that do not have pharmacy coverage through Caremark.

**Evaluation of New Technology, Drugs, and Benefits**

EHP’s written process for evaluating new technology and the new application of existing technology for inclusion in its benefits plans includes the evaluation of medical procedures, behavioral health procedures, pharmaceuticals, and devices. In considering these changes, EHP reviews scientific literature and solicits input from relevant specialists and professionals who have expertise in the technology.
Our Provider Network

As an EHP member, you have access to 14,000 health care providers and more than 30 hospitals in Maryland, ensuring that you can find care and services near you. You also have access to a national network of over 600,000 providers and hospitals through MultiPlan’s PHCS HealthyDirections Network. MultiPlan is a vendor that contracts with providers nationwide; PHCS Healthy Directions is the name of the network that EHP has purchased from MultiPlan and it serves as your extended provider network for services rendered outside of Maryland. MultiPlan’s PHCS Healthy Directions network is considered in-network, so your coverage will be the same as your EHP in-network benefits. To locate an in-network doctor in your area, visit www.ehp.org and click on “Find a Provider.” You can also visit www.multiplan.com and select “MultiPlan’s PHCS Healthy Directions network” to locate an in-network medical provider nationwide. Please note that MultiPlan providers in the state of Maryland will only be considered in-network if they also participate in the EHP network. (Suburban Hospital members please refer to your SPD). If you want information regarding your health care provider’s background, qualifications, and experience, call Customer Service at 800-261-2393 or Suburban Hospital Customer Service at 866-276-7889.

Accessing Care Outside the State

If you need care outside the State of Maryland you may go to a MultiPlan PHCS Healthy Directions network provider. Simply visit www.multiplan.com to search for a provider, or call the toll-free number on the back of your EHP member ID card. If you see a MultiPlan PHCS Healthy Directions provider listed there, then your in-network benefits will apply.

Accessing Care Outside the Network

There may be times when you need service outside the network. If you have an emergency, go to the nearest emergency room whether or not that hospital is in- or out-of-network. (For details, review the Emergencies section in this handbook.) For medical conditions that are not serious enough to be an emergency, but that still require prompt/urgent medical attention, your physician may refer you to an urgent-care center. Physician visits and diagnostic services and treatment at an urgent care center are covered under your plan. (A deductible, co-insurance, or co-pay may apply.) If you cannot locate an in-network EHP or MultiPlan PHCS Healthy Directions provider to treat a non-urgent condition, you may still be covered. To determine whether specific urgent and non-urgent services are covered out-of-network, or to determine whether your plan has a co-pay or reimbursement process, review your SPD, which is available through your HR office, or your SOB, which is located at www.ehp.org.

Scheduling or Canceling an Appointment

Please make an appointment before you visit your Primary Care Provider (PCP) or other provider. Advance notice will allow the office staff to have your records ready and your wait will be shorter. If you cannot keep an appointment, please call the doctor’s office the day before to cancel or reschedule; your doctor may be able to offer your appointment time to another member. While it is not required for EHP members, we encourage all of our members to select a PCP. By selecting a PCP, you will be able to schedule appointments
When You Need Care

more easily and you will be more likely to develop a comfortable, familiar relationship with your physician.
You can choose a PCP by calling Customer Service at 800-261-2393 or Suburban Hospital Customer Service at 866-276-7889 or by logging into your HealthLINK@Hopkins account.

Urgent Care

Call your provider’s office or visit an urgent-care center when you need non-emergent care, even if it is after office hours. You can also call the EHP Nurse Chat line at 1-866-796-1855 to speak to a nurse 24 hours a day, 7 days a week. As always, it is best to be preventive. Ask questions before they become urgent. Examples of non-emergency situations include:

- Back pain
- Earaches
- Fever
- Sore throats
- Flu and colds
- Frequent urination
- Headaches
- Minor illnesses
- Minor injuries

Emergencies

A medical emergency is when you suddenly feel very sick or have severe pain. If you believe that your health is in serious danger, or you are concerned that you may have experienced serious damage to an organ or part of your body, seek medical care immediately by heading to the nearest hospital emergency room or by dialing 9-1-1 for an ambulance. Some examples of a medical emergency are:

- Major injury such as a broken leg or large wound
- Heart attack symptoms: severe chest pain, shortness of breath, sweating, and nausea
- Heavy bleeding
- Bleeding during pregnancy
- Major burn
- Unconsciousness
- Difficulty breathing
- Poisoning
- Severe head pain or dizziness

If you have an emergency, remember to inform your PCP within 24 hours to let him or her know what happened.

Hospital Care

Prior authorization is required for certain medical services and supplies. All prior authorizations are coordinated through the Johns Hopkins EHP Care Management Program and should be initiated by your in-network provider. Hospital care follows the same policy. All EHP members will be able to receive hospital care, but the services covered and the costs associated with that hospital care are unique to your plan. All plans require prior authorization before any inpatient care. Similar to the procedure for services and supplies, prior authorization for inpatient care will be handled by the participating hospital. If the hospital fails to receive prior authorization, coverage for care, services, or supplies may be limited or denied entirely. (Please note that if you go to a hospital for an emergency and are not admitted, you will have to pay a co-payment.)
You can refer to your SOB to determine your co-payment amount.) You are also responsible for notifying EHP of any out-of-network hospitalization. Please visit www.ehp.org to search for a list of participating hospitals. You may do the same for the Multiplan PHCS Healthy Directions network by visiting www.multiplan.com.

Specialist Care
EHP members have direct access to specialty providers and services in- and out-of-network with no referral required. If you already see a specialist and would like to stay with that doctor, click “Find a Provider” on www.ehp.org to see if he or she is in the EHP network. To find a specialist in the MultiPlan PHCS Healthy Directions network, visit www.multiplan.com.

Behavioral Health Care
All EHP plans cover inpatient and outpatient mental health care, as well as care and services for substance abuse. All EHP members will be able to receive hospital care for behavioral health, but the services covered and the costs associated with that hospital care are unique to your plan. All plans require prior authorization before any hospitalization or partial hospitalization. Similar to services and supplies, prior authorization for this care will be handled by the participating hospital. Services are pre-authorized and coordinated through the Johns Hopkins EHP Care Management Program. If they fail to receive prior authorization, coverage for care, services or supplies may be limited or denied entirely. Similar to the procedure for standard hospitalization, you are responsible for notifying EHP of any out-of-network behavioral health hospitalization or partial hospitalization. For more information on plan-specific care, or to speak with a Clinical Case Manager, call Mental Health and Substance Abuse Services at 800-261-2429. Please visit www.ehp.org to search for a list of participating behavioral or mental health provider. You may do the same for the Multiplan PHCS Healthy Directions network by visiting www.multiplan.com.

How to Access Utilization Management
EHP is committed to maintaining the health and wellness of all our members. Utilization Management (UM) ensures that care is provided at the right time and in the right setting. The Utilization Management department evaluates requests for inpatient and outpatient medical services, supplies and equipment, mental health, and substance abuse treatment, based upon appropriate evidence-based clinical criteria or guidelines and local health care delivery options. Certain services and supplies require prior authorization and submission of medical records by your doctor, before the service is provided. The Medical records submitted are reviewed for authorization based upon appropriate evidence-based clinical criteria or guidelines and local health care delivery options. All review decisions are based upon appropriateness of care and service existence of benefit coverage. Registered Nurses, Social Workers, and Medical Directors make the UM decisions. For additional information on the services requiring prior authorization, please refer to EHP.org. To contact Utilization Management, call 410-424-4480 or 800-261-2421.

Interpreter Services
Many of our physicians and hospitals have interpreter services onsite. Please let your physician know if you need an interpreter and they will arrange one for you. EHP provides language and American Sign Language interpreters for medical appointments when your physician cannot provide this service. To request an interpreter, please call Customer Service at 800-261-2393 or Suburban Hospital Customer Service at 866-276-7889. A TTY line is also available to all members between 8 a.m. and 5 p.m., Monday through Friday. The Maryland Relay Operator telephone number is 800-201-7165.
Stay Well with Care Management

Johns Hopkins HealthCare is proud to offer targeted Care Management programs for our EHP members…at no cost. Members whom are identified and enrolled based on conditions and individual needs, are given a variety of support, tools, and services that are specifically designed to help them better understand and manage their medical conditions. Programs offer options of working one-on-one with a trained nurse, social worker or health coach to help members improve their condition.

Complex-Care Management

Complex Care Management is for members with complex medical conditions, or those who have multiple conditions. These members, such as adults and children with diabetes, asthma, Chronic Obstructive Pulmonary Disease (COPD), and/or cardiovascular disease, are contacted by a Care Manager who will assess their health status, work with them to develop a self-management plan, and help them to get the right care. Some other examples of complex medical conditions include high-risk pregnancy, cancer, HIV/AIDS, End Stage Renal Disease (ESRD), certain pediatric conditions, and injuries that require rehabilitation such as stroke or injuries to the spinal cord or brain.

Monitored Case Management

Members who have less complicated conditions such as a less severe asthma or diabetes, but have a risk for developing other conditions or complications, may benefit from ongoing monitoring and help with staying on a healthy track. Care Managers will track these members’ health status and needs over time, encourage progress toward their health goals, and periodically give them health information about exploring and keeping a healthy lifestyle.

Lifestyle Management

Members whose conditions are more easily kept under control will receive routine mailings of material about their condition. This material helps to keep members’ informed about up-to-date self management skills so that they can continue to live full lives and avoid any complications.

What is a Care Manager?

Care Managers are skilled nurses and social workers who provide support, guidance, and encouragement to our members to manage their health. Working closely with these members and their health care providers, care managers:

- Assess physical, psychological, spiritual, and financial needs
- Educate members on ways to manage their health
- Assist with referrals to specialty providers
- Coordinate care with other departments and community agencies
- Provide ongoing communication to track and review progress
Other services provided by the program include:

- Periodic mailings of health education materials (certain plan members)
- Communicating to the member and health care provider about medical and pharmacy claims
- Review of medications and discussion with our clinical pharmacists, if needed
- Assistance with getting behavioral health services; this service can be reached by calling 800-261-2429
- Outreach to eligible members as they leave inpatient care, ensuring they get the correct follow-up care and needed medical equipment
- Help with discharge planning, care coordination, and member and family education when moving from a hospital to a lower level of care to home

How to Self-Refer

Our health programs and services are voluntary and are provided at no cost. Members identified with certain needs may be automatically enrolled, but are under no obligation to participate. We encourage you to take advantage of our three-tiered system of health management programs, and we always seek referrals. If you think you may benefit from any of these services, or if you have questions, please contact us Monday through Friday, 8:30 a.m to 5 p.m by calling 800-557-6916 or email us at populationhealth@jhhc.com. Any messages received after business hours will be addressed the following business day.

Health Coach Program

This free, voluntary program encourages interest in healthier lifestyles and is available to select EHP members based on their employer. Health coaching provides one-on-one assistance to guide you in adopting healthy lifestyle behaviors. Program duration is 6–10 months and sessions are conducted by telephone each month. Primary areas of interest for enrolling in the program are weight loss, nutrition, fitness, stress management, and tobacco cessation. Your health coach will work with you on monthly goal-setting and create an individualized action plan based on your needs. Throughout the program, various assessments are taken to evaluate your progress, health status, and program satisfaction, and modifications to your action plan are made as needed.

Members may self-refer into the program or be referred by their health care provider or case manager. Your eligibility for benefits under the EHP Medical Plan is not affected if you do not participate in the program or if you withdraw from the program after you start.

To see if this program is available to you, refer to your SPD. You may also email healthcoach@jhhc.com or call 1-800-957-9760.
How To File a Claim
At EHP, we are committed to making it easy for you. With a dedicated claims department, you can be assured that your claims will be handled quickly and accurately. Our objective is to process your claim within 30 days of receipt and 100% correctly.

If you receive care from an in-network provider – even a national MultiPlan provider – the provider will submit the claim. However, if you receive out-of-network care, you may be required to pay for the service and then submit a reimbursement claim form to EHP.

These forms are available on www.ehp.org, or you can obtain them by calling Customer Service at 800-261-2393 or Suburban Hospital Customer Service at 866-276-7889. Fill out the demographic information and attach a copy of the receipts or invoices associated with the claim to the form. It is necessary that forms be legible and include a copy of the receipts or invoices along with proof of payment in order for EHP to properly process the claim. Refer to your SPD to see what information is acceptable to include with the forms.

Mail or fax all paper claims to:
Johns Hopkins HealthCare LLC
Attn: Claims Department, Johns Hopkins EHP
7231 Parkway Drive, Suite 100
Hanover, MD 21076
Fax number: 410-424-4611

Most plan members have one year from the date of service to submit your receipts. Refer to your SPD to see if this applies to you.

Appeals and Complaints
You may appeal an adverse decision made in whole or for part of a service and request a reversal or adjustment of a denied or paid claim. Clinical appeals are reviewed by a peer comparable to the ordering provider.

A member or an authorized representative may appeal or request a review in writing to EHP. Urgent appeals may be accepted over the phone. Appeals must be received within 180 days of the date of the denial or all rights to appeal are lost. If you have not received the services that were denied, you will receive an appeal determination within 15 days. If you have already received the services that were denied, you will receive an appeal determination within 30 days. If your appeal is considered urgent, you will receive a determination within 36 hours.

Mail appeals to:
Johns Hopkins HealthCare LLC
Attn: Appeals Department, Johns Hopkins EHP
7231 Parkway Drive, Suite 100
Hanover, MD 21076
For urgent appeals, please call:
410-762-5383

EHP appreciates your feedback and would like to know if you ever have a complaint about our services or services received by a network provider. We accept both written and verbal feedback.

Complaints can be mailed to:
Johns Hopkins HealthCare LLC
Attn: Member Complaints and Grievances, Johns Hopkins EHP
7231 Parkway Drive, Suite 100
Hanover, MD 21076

Or call:
Customer Service at 800-261-2393 or Suburban Hospital Customer Service at 866-276-7889
Your Rights and Responsibilities

We value you as a member of our EHP health care family. As a member, you have the following rights and responsibilities:

You have the right to:
• Be treated with respect for your dignity and privacy
• Discuss all appropriate treatment options for a condition regardless of cost or benefit coverage
• Receive information, including information on treatment options and alternatives, in a manner you can understand
• Participate with providers in decisions regarding your health care, including the right to refuse treatment
• Be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience, or retaliation
• Request and receive a copy of your medical records and request that they be amended or corrected as allowed
• Exercise your rights and to know that the exercise of those rights will not adversely affect the way that EHP or our providers treat you
• File complaints, appeals, and grievances about the organization or the care we provide (See page 15)
• Request that ongoing benefits be continued during appeals (although you may have to pay for the continued benefits if our decision is upheld in the appeal)
• Receive a second opinion from another provider in EHP’s network if you disagree with your provider’s opinion about the services that you need. Contact us at 800-261-2393 for help with this
• Receive other information about us such as how we are managed. You may request this information by calling 800-261-2393
• Receive information about the organization, its services, its practitioners and providers and member rights and responsibilities
• A candid discussion of appropriate or medically necessary treatment options for your conditions, regardless of cost or benefit coverage
• Make recommendations regarding the organization’s member rights and responsibilities policy

You have the responsibility to:
• Carry your membership card with you at all times and know your eligibility status with EHP. If you lose your card, you can obtain a new one by calling Customer Service, or from your HealthLINK@Hopkins account
• Follow your plan’s referral and prior authorization guidelines and polices
• Cancel appointments if you are unable to keep them
• Pay any applicable co-pay, co-insurance, and deductible at the time of service.
• Report any other health insurance coverage to your provider and to EHP.
• Supply information (to the extent possible) that the organization and its practitioners and providers need in order to provide care.
• Follow plans and instructions for care that you have agreed to with your provider.
• Understand your health problems and participate in developing mutually agreed-upon treatment goals, to the degree possible.
Privacy Practices Overview

EHP is committed to respecting your privacy. The purpose of this information is to describe how your Protected Health Information (PHI) may be used and disclosed and how you can get access to this information. Please review it carefully, but take note that EHP’s official Notice of Privacy Practices (NPP), which is included in your enrollment packet and is also available upon request by calling Customer Service, fully describes:

1. EHP’s routine use and disclosure of PHI
2. Use of authorizations
3. Access to PHI

Please take time to review your NPP. If you misplace your copy, you may access another copy either on www.ehp.org or by contacting Customer Service at 1-800-261-2393. Please contact the Johns Hopkins Privacy Officer at 410-614-9900 if you have any questions regarding the NPP’s content.

Health information means information that identifies you and tells about your medical history and provision of health care to you. It also includes information about payment for health care services, such as your billing records. By law, we are required to:

1. Ensure that your health information is protected
2. Provide to you the NPP describing our responsibilities and privacy practices with respect to your health information
3. Follow the terms of the Notice that is currently in effect

In addition, EHP has implemented internal policies and procedures which address how we protect oral, written, and electronic use of PHI. For your protection, EHP always verifies the identities of both the member and the requestor prior to responding to a request for a member's PHI. Examples of such contact are:

1. Questions about your treatment or payment activities
2. Requests to look at, copy, or amend your Plan records
3. Requests to obtain a list of Plan disclosures of your health information

EHP secures and limits access to all hardcopy and electronic files. All electronic data is password protected. EHP limits workforce member access to all hardcopy and electronic files. Internal controls are in place to ensure that only those workforce members with a “need to know” have access to information required to perform their specific job function. All workforce members are required to only utilize and/or access the “minimum necessary” information.

EHP takes disclosure of PHI to plan sponsors (employers) very seriously. Our first duty is to protect your privacy. EHP has placed very specific controls on your information to ensure that your information is protected. We will only release your health information to the plan sponsor for administrative purposes if certain provisions have been added to EHP to protect the privacy of your health information, and the sponsor agrees to comply with the provisions. EHP will not disclose PHI to the plan sponsor for
employment-related actions, or for decisions in connection with any other benefit or benefit plan of the sponsor, unless the individual signs an authorization permitting such disclosure. For more information on authorizations or to download the forms required to permit and authorization of disclosure, visit www.ehp.org.

Health Care Fraud and Abuse
Johns Hopkins Employer Health Programs (EHP) wants to find and stop health care fraud, which is any dishonest act that a person commits on behalf of someone else that results in benefits that he/she is not entitled to. Some examples of health care fraud are:
- Using someone else’s EHP insurance card to get health care services
- Loaning your EHP insurance card to another person so that they can receive health care services
- Sending bills for equipment or services you never received

Johns Hopkins HealthCare takes its responsibility to protect your “right to report” seriously. No JHHC employee may threaten, coerce, harass, retaliate, or discriminate against any individual who reports a compliance concern. To support this effort, EHP has enacted zero-tolerance policies and annually trains all personnel on their obligation to maintain the highest integrity when handling compliance related matters. Any individual who reports a compliance concern has the right to remain nameless and Johns Hopkins HealthCare commits to enforcing this right. The Compliance Department at EHP investigates all charges of actual or suspected health care fraud. If you believe someone is committing fraud against EHP, please report the act to the EHP Compliance Department at 410-424-4996 or compliance@jhhc.com. You can also write to:

Johns Hopkins HealthCare LLC
Attn: Compliance Department, Johns Hopkins EHP
7231 Parkway Drive, Suite 100
Hanover, MD 21076

For additional information including how you can help reduce health care fraud, visit www.ehp.org.