Meet Your Care Team

As a member of EHP, you have a care team at your service for a variety of support options. Your care team can help you improve or maintain your health by working with you on your nutrition and physical fitness or encouraging you to get the preventive care that you need. We can also serve you by helping you achieve your health goals, understand your conditions, and coordinate your appointments and care with your providers. If you ever have a health event that requires a change in treatment, our Transition of Care team will help you adjust to your new needs. Whatever your needs, your care team is ready to serve you.

Care Manager
One-on-one support to better manage your health, coordinate care, provide education and help you navigate your health plan.
Call: 800-557-6916, Monday – Friday, 8 a.m. – 5 p.m.
Email: populationhealth@jhhc.com
Kathy Cranford

Health Educator
Your source of information and tools to learn more about your health conditions and how to live a healthier life.
View our workshops: ehp.org/plan-benefits/health-programs-and-resources/health-education-programs
Sign up for a workshop: call 800-957-9760 or email healtheducation@jhhc.com.
Tonja Rice

Health Coach
Personal encouragement and guidance to achieve your health goals in the areas of fitness, nutrition, stress management and quitting smoking.
Call: 800-957-9760
Email: healthcoach@jhhc.com
Nancy Cardinal

Community Health Worker
Connecting you to resources in your community that can assist you with your needs beyond health care.
Call: 800-557-6916, Monday – Friday, 8 a.m. – 5 p.m.
Email: populationhealth@jhhc.com
Thomas Carney

Behavior Health Care Manager
Specialized support with mental health and/or substance abuse needs. Available to members 18 years old and older.
Call: 800-557-6916, Monday – Friday, 8 a.m. – 5 p.m.
Email: populationhealth@jhhc.com
Cyrus Drayton, LCSW-C
How to Self-Refer for Care Management

The care management team has developed a variety of programs to help members recover from serious illnesses, manage their chronic health conditions and/or make healthy lifestyle changes. Our care management services are voluntary and are provided at no cost to our members. While members identified with specific needs may be automatically enrolled in this program, they are not obligated to participate. Care management criteria information and how to self-refer can be found on the web or in the member handbook.

If you have questions about our care management programs or believe you or a family member could benefit from these services, call 410-762-5206 or 800-557-6916. We are available Monday through Friday from 8:30 a.m. to 5 p.m. Voicemail messages received after normal business hours will be addressed the following business day. You may also contact us by email at populationhealth@jhhc.com. Additional details regarding our programs can be found on the EHP website at ehp.org.

Help Make EHP Even Better!

Every year, EHP conducts a member experience survey to find out what our members think we are doing well and how we can do even better. The CAHPS (Consumer Assessment of Healthcare Providers & Systems) survey is part of a national project by the National Committee for Quality Assurance (NCQA), a nonprofit group that helps people learn more about health care plans.

Between February and May, an independent research firm called SPH Analytics may contact you to take this survey. The survey can be completed by phone, mail or online, and should take less than 20 minutes to finish. Members will be randomly sampled for this survey, and EHP would greatly appreciate your responses. Not only will it help us understand your experience with our plan, it will help us to make it better for you and all of our other members moving forward. The results from past surveys can be found on our website at: ehp.org/about-ehp/quality-improvement-at-ehp.

Thank you in advance for your helpful feedback!
# The ABCs of Your EOB

Your Explanation of Benefits (EOB) is a summary of the costs associated with recent health care services that you have had. EOBs are mailed to you and display the amount the provider billed EHP, any costs you are responsible for, and the amount EHP paid the provider. Keep in mind, your EOB is not a bill—your payments are either due at the time of service or you will be billed separately for them.

Here are some of the important areas on your EOB that you should pay attention to.

<table>
<thead>
<tr>
<th>Date of Service</th>
<th>Billed Amount</th>
<th>Allowed Amount</th>
<th>Above Maximum</th>
<th>Not Covered</th>
<th>Deductible</th>
<th>Copay/Insurance</th>
<th>Other Ins. Paid</th>
<th>Member Liability</th>
<th>Discount</th>
<th>Paid Amount</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
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<td>10.73</td>
<td>7.27</td>
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<td>0.00</td>
<td>0.00</td>
<td>133.22</td>
<td></td>
</tr>
</tbody>
</table>

**Remark Code:**
- **ARA:** This amount reflects the allowed amount for this service and may differ from billed amount.
- **NC40:** This procedure is part of a global fee. This is not a member liability.

1. **Billed Amount**
   - This is the amount the doctor or facility charged for the service(s) that you received.

2. **Allowed Amount**
   - This is the maximum amount EHP will allow for the service(s) you received.
   - Any copay and/or co-insurance amounts that you are responsible for paying are deducted from the allowed charge.

3. **Not Covered**
   - The amount that will not be considered for payment.

4. **Deductible**
   - The amount that you must pay within the plan year, before EHP begins to pay benefits. Your Schedule of Benefits or Summary Plan Description (SPD) will advise if you have a deductible.

5. **Copay/Co-insurance Copay**
   - Copay: A fixed fee you must pay at the time of service.
   - Co-insurance: A percentage of medical costs that you share with EHP.

6. **Other Ins. Paid**
   - The amount that the primary insurance paid, if you have primary insurance coverage with another health plan.

7. **Member Liability**
   - The amount that you are responsible for paying to the provider of service, when the provider of service is a network provider.
   - **PLEASE NOTE:** If you receive services from a non-network provider, the Member Liability may exceed what is listed on the EOB, up to the Billed Amount of the non-network provider.

8. **Paid Amount**
   - The amount that EHP has paid to the provider for the services that you received.

9. **Provider May Bill Amount**
   - The amount that you are responsible for paying to the provider of service, when the provider of service is a network provider.

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**4 Terms to Know**

**Pre-Authorization:**
Also called “prior authorization,” this means that a requested service must be medically reviewed before being rendered.

**Copay:** A fixed fee that you are responsible for, based on certain health care services, provider visits or prescriptions.

**Co-insurance:**
A percentage of the cost for medical services that you share with EHP.

**Formulary:** A list of prescription drugs and their cost shares covered by EHP. Also called a drug list.
Get the Most from Your EHP Plan

Whether you’re a brand new EHP member (welcome!) or have been with us for a while (welcome back!), we want you to get the most from your coverage. Here are some steps to get 2019 started on the healthiest note possible.

Register for HealthLINK:
A secure, online portal, HealthLINK@Hopkins helps you keep track of your health care. View your past visit summaries, add or remove providers, send secure messages to Customer Service and much more. Visit ehp.org and click “Member Login” to get started.

Find a PCP:
A primary care physician (PCP) is an important part of your health care. With our new search tool on ehp.org, it’s easier than ever to find a convenient PCP. Now, you can quickly find a provider by name, or enter some simple location information to build your search. Once you select a PCP, schedule a well-visit.

Sign up for DinnerTime:
Generate custom meal plans based on your family’s budget, tastes, schedule and dietary restrictions. DinnerTime gives you recipes and shopping lists based on sales at your favorite grocery store. Sign up for free at dinnertime.com with referral code HOPKINSEHP and your EHP member ID number.

Attend a Health Education Event:
Tour a grocery store with a nutritionist. Participate in a cooking demonstration. Learn more about a condition or living healthier. Visit ehp.org to view upcoming events.

Work with a Health Coach:
Do you have a health goal such as quitting smoking, reducing stress or losing weight? Let one of our health coaches help! Email healthcoach@jh hc.com or call 800-957-9760 to learn more.

EHP’s Pursuit of the Highest Quality Care
The Quality Improvement Program is dedicated to improving the quality of care and services delivered to our members. You can obtain more information about our programs or our improvement goals process by calling 800-261-2393. You can also access that information from ehp.org.

To stay informed of updates throughout the year, consult your myEHP newsletter for additional information regarding satisfaction surveys and how to monitor the quality of care you receive.
Information provided to EHP is kept confidential and will only be used by EHP for such purposes as, but not limited to:

- Care coordination
- Claims processing
- Coordination of benefits with other plans
- Subrogation of claims, review of a disputed claim
- Program integrity activities (examples: investigation of fraud, waste, abuse or privacy theft)
- Quality improvement activities
- Other health care operations and/or payment purposes

To ensure responsible maintenance of your protected health information (PHI), EHP has implemented internal policies and procedures to address how we further protect, secure, and limit use and disclosure of your oral, written and electronic health plan information. EHP verifies the identities of both the member and requestor prior to responding to a request for a member’s PHI. Examples of such contact include but are not limited to:

- Questions about your care management or payment activities
- Requests to look at, copy, obtain or amend your plan records
- Requests to obtain a list of plan disclosures of your health information

EHP secures and limits access to hard-copy and electronic files. Electronic data are password protected. 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 functions. All workforce members are required to only utilize and/or access the “minimum necessary” information to perform their assigned tasks.

For additional information regarding your privacy rights, please see your notice of privacy practices. If you don’t have one, you may obtain a copy by calling customer service at 800-261-2393. You can also find a copy of this document on our website at ehp.org.

Private Health Information

EHP is committed to respecting your privacy and confidentiality. Information regarding the collection, use, disclosure and internal protection of your protected health information is outlined in the Notice of Privacy Practices publication and privacy and confidentiality statement that you can view on our website. Simply go to ehp.org and click on About EHP. To receive a paper copy, call EHP customer service at 800-261-2393.
Your Member Handbook

New members receive a member handbook when they enroll in the plan. However, the same information can be found on the EHP member website. It includes:

• How to access health care; how to obtain primary care services
• Benefits and services included or excluded from your coverage
• Information regarding your financial responsibilities for health care services
• Information about coverage when you are outside the service area
• Prescription plans; pharmacy information
• How to submit a claim if you receive a bill you don’t think you should pay
• Your rights and responsibilities as a health plan member
• Information about our network providers and their qualifications
• How to obtain care after regular office hours
• How to obtain care from a specialist, mental health provider, substance abuse provider or hospital
• How to submit a complaint, request a review for an adverse decision or to pay us a compliment
• What to do if you think your situation is a medical emergency
• How to obtain assistance if your primary language is not English
• How to express your wishes in an Advance Directive
• How EHP evaluates new medical treatments to determine if they should be covered
How to Use EHP Out of State

EHP knows that you won’t always be close to home. Whether you’re traveling, have a dependent plan member attending college out of state, or need to seek care outside of your regional network for other reasons, you don’t have to worry about finding great coverage.

Using MultiPlan
Your EHP benefits extend throughout the country with the MultiPlan PHCS network—featuring more than 600,000 providers across the United States. Just call the MultiPlan PHCS phone number on the back of your EHP identification card (866-980-7427) or search for a provider at multiplan.com. Your health care with any of the providers associated with MultiPlan PHCS will be covered at the in-network level. Please note that your MultiPlan PHCS coverage applies only to destinations in the 50 United States, not international travel. MultiPlan PHCS is available in Maryland for Sibley Memorial Hospital and Suburban Hospital members.

Stay on Top of Vision and Dental Care

As you take care of your health, don’t forget about your eyes and your teeth! Take advantage of the dental and vision coverage available to you to schedule regular preventive care. You should get a dental cleaning every six months and an eye exam at least once every two years—ask your provider what frequency is right for you.

To see if your employer offers dental benefits, or if you have questions about your dental coverage, contact your HR office. For vision coverage, view your Schedule of Benefits at benefits.ehp.org.

Where to Go When Sick or Hurt

Follow this order to get the care you need at the least cost to you.

Your Primary Care Physician (PCP)
If your health concern can wait, call your PCP and make an appointment. Even if you need care quickly, call in case they have an opening available.

Urgent Care
If your PCP office can’t see you or you need more immediate care after hours, go to your nearest urgent care center. These treat problems that need prompt attention but are not life-threatening, such as broken bones, sprains, cuts, fevers, infections, earaches or the flu. Most urgent care centers stay open on evenings and weekends and don’t require an appointment.

Emergency Room
Go here for true emergencies, like serious injuries, severe burns, terrible pain, trouble breathing, uncontrolled bleeding, chest pain or other symptoms of a heart attack, or a condition that is getting worse very fast. For treatment of a true emergency, your care will be covered, in or out of network and ER copays will be waived if you are admitted. However, if you go to the emergency room for services that are not deemed sudden and serious, payment will not be made.
5 Ways to Lower Your HbA1c

If you have diabetes, you probably know that the HbA1c test checks your average blood sugar level over three months. It’s important to know how well your blood sugar is controlled over time. If your blood sugar stays high for a long time, this can harm your heart, blood vessels, kidneys, feet and eyes.

HbA1c results are written as a percentage. For many people with diabetes, the goal is to keep that percentage below 7. Ask your provider what you should aim for.

These steps can help lower your HbA1c level and reduce your risk for long-term health problems:

1. Be more active every day.
   Aim for at least 150 minutes per week (or half an hour every weekday) of moderate activity, such as walking briskly, cycling, swimming or dancing. Ask your provider for advice on safe, effective exercise.

2. Follow a diabetes meal plan.
   Focus on fruits, vegetables, whole grains, beans, fish, skinless poultry, lean meats, and nonfat or low-fat dairy products. Work with your health care team to create your eating plan.

3. Address your stress level.
   Too much stress can raise blood sugar levels. When you’re feeling overwhelmed, try taking deep breaths, meditating, going for a walk or listening to soothing music.

4. Take diabetes medication, if your doctor prescribes it.
   Keep taking your medicine as directed even when you’re feeling fine. (See tips for better medication habits on page 10.)

5. Check your blood sugar at home, if your doctor recommends it.
   This lets you track shorter-term blood sugar changes.

ONE FINAL REMINDER:
Don’t forget to schedule your next HbA1c test. Most people with diabetes should have the test at least twice per year. If your last HbA1c number was too high, your doctor may recommend getting tested more often. It’s a great way to see how much progress you are making toward better diabetes control.

ATTEND A WORKSHOP TO LEARN MORE
EHP offers a free workshop to help members monitor and control their diabetes. The Diabetes Mapping class will be offered Thursdays from March 7 to March 28 at JHCP Charles County and Tuesdays from March 19 to April 9 at JHCP Germantown. Call 800-957-9760 or email healtheducation@jhhc.com to register or learn more!
Don’t Make These 4 Medication Excuses

Most things in life don’t require perfection. It’s OK if you overcook the eggs or can’t hit all the notes in “The Star-Spangled Banner.” But when it comes to taking your medicines, the closer you come to perfect, the better. Taking your medicines at the right time, in the right dose and as often as prescribed is the best way to stay as healthy as possible.

Here are four common medication excuses and how to overcome them:

1. It cost too much. If your medications are pricey, ask your doctor about a generic or less expensive option. He or she may know of pharmaceutical assistance programs that help with the cost of drugs.

2. I forgot! If you’re not used to taking medicine, you may forget to take it. Make a note on your calendar or do it before or after something else you do regularly, like brushing your teeth. A pill organizer may also help—and be sure to leave it somewhere you will see it often.

3. It caused side effects I didn’t like. If you experience side effects, talk with your doctor or pharmacist about how to lessen them.

4. I felt better, so I stopped taking it. You must finish a full course of medication for it to work properly. Stopping some medications early can also lead to serious side effects. Talk to your provider before stopping any medication.

NEED HELP TAKING YOUR MEDS?
For a FREE medication record you can print out and use at home, visit fda.gov and search for “My Medicine Record.”
1. **Your medical records will be current.** Your medical history—including your family medical history—changes over time, and this may affect your risk of developing conditions like stroke, diabetes, heart disease and cancer.

2. **You can stay up-to-date on specialized exams.** Your PCP can tell you what screenings you are due for, and you can schedule these at your checkup.

3. **You’ll get a look inside your body.** Some conditions, like high blood pressure, may not have any symptoms. At a checkup, your PCP will check your blood pressure and do other exams that may alert you to hidden health conditions.

4. **You’ll stay up-to-date on vaccines.** Both children and adults need regular immunizations. Your PCP can make sure you get what you need. You can also look at the Centers for Disease Control and Prevention’s schedule: Visit [cdc.gov](http://cdc.gov) and search for “vaccine schedule.”

5. **You’ll be able to have conditions treated.** Minor or annoying symptoms may signal a bigger health issue. Your PCP can diagnose and address the problem before it gets worse.

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**Are You Due for a Screening?**

Be sure to put these screenings and preventive measures on your calendar:

- **Mammography.**
  The U.S. Preventive Services Task Force (USPSTF) recommends that women ages 50 to 74 get a mammogram every two years.

- **Pap test and/or HPV test.**
  The USPSTF recommends women ages 21 to 29 get a Pap test once every three years. Women ages 30 to 65 can choose to have a Pap test every three years, an HPV test once every five years, or a Pap test and an HPV test once every five years. Women older than 65 who have had normal screenings and do not have a high risk for cervical cancer do not need to be screened. Talk with your provider about the schedule that is best for you.

- **Cholesterol.**
  Have your cholesterol checked every four to six years after you turn age 20.

- **Diabetes.**
  Get tested for diabetes if you are overweight or obese and between ages 40 and 70.

- **Osteoporosis.**
  Women ages 65 and older, and younger women at high risk, should be screened for osteoporosis.

- **Colorectal cancer screening.**
  Talk with your provider to determine the right schedule for you.
myEHP is the official member newsletter of Employer Health Programs (EHP). It is published three times per year by Johns Hopkins HealthCare’s Marketing and Communications department.

To find this issue online or email it to a friend, visit ehp.org/member-newsletters.

The EHP website (ehp.org/plan-benefits/pharmacy) has a variety of pharmacy information related to the formulary, pharmaceutical restrictions or preferences, requesting an exception, quantity limits and step therapy, generic substitution, and other pharmacy management procedures. The pharmacy formulary is updated regularly to include new medications and the latest safety information.

If you have questions regarding fraud or suspected fraudulent activities involving an EHP member, provider or employee, please contact the Corporate Compliance department at 410-424-4996, by fax at 410-762-1527 or by email at compliance@jhhc.com. All information will be kept confidential.

NOTICE OF NONDISCRIMINATION
Johns Hopkins Employer Health Programs (EHP) complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex.

FOREIGN LANGUAGE ASSISTANCE