

Provider Check Up



Thank you for being a valued provider for members in one or more of our health plans: Health Partners Plans Medicaid, Health Partners Plans CHIP, Jefferson Health Plans Medicare Advantage, and/or Jefferson Health Plans Individual and Family Plans.

Thank you for your continued commitment to our members. We hope you are refreshed and ready to take on another successful year in 2025! The beginning of the year is a great time to focus on setting goals and expectations for the health and wellness of your patients and our members. Here are some ways we're hoping to collaborate with you this year:

- Encouraging patients to prioritize annual and preventive screenings, adherence to medications, and overall wellness.
- Working together to break down barriers and provide resources that empower patients to achieve their health goals.
- Continuing to be great partners to one another, the populations we serve, and to our communities.

We look forward to another productive year!



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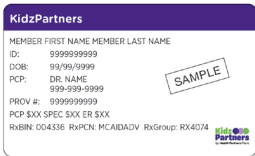
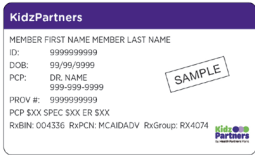
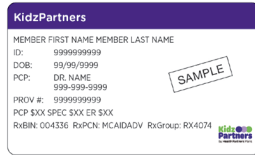
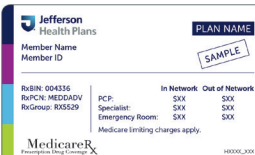

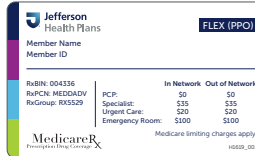
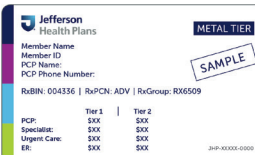
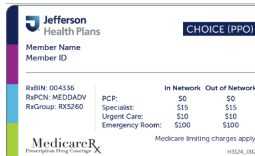
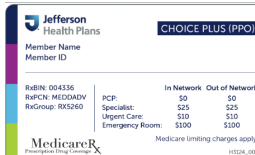
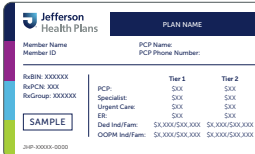
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Provider News

Jefferson Health Plans Product Updates

Please see below for the member ID Cards for 2025. As a reminder, our product names have remained the same (Health Partners Plans for the Medicaid and CHIP lines of business, Jefferson Health Plans for the Medicare and Individual and Family Plans lines of business).

2024 PRODUCTS		2025 PRODUCTS	
PRODUCT NAME	ID CARD	PRODUCT NAME	ID CARD
<p>Health Partners Plans Medicaid *Product name for Medicaid members only</p>		<p>Health Partners Plans Medicaid *Product name for Medicaid members only</p>	
<p>Health Partners Plans CHIP *The ID Card may still read "KidzPartners" and it is for our Health Partners Plans CHIP members and/or CHIP product name.</p>		<p>Health Partners Plans CHIP *The ID Card may still read "KidzPartners" and it is for our Health Partners Plans CHIP members and/or CHIP product name.</p>	
<p>Jefferson Health Plans (Medicare) *Product name for Medicare members only; HMO or PPO will be identified in the plan name on the card</p>		<p>Jefferson Health Plans (Medicare) *Product name for Medicare members only; HMO or PPO will be identified in the plan name on the card</p>	 
<p>Jefferson Health Plans Individual and Family Plans *Product name for IFP members only; HMO or PPO will be identified in the plan name on the card</p>		<p>Effective January 1, 2025, New Jersey Medicare Advantage PPO Plans ONLY!</p> <p>Electronic Payor ID #NJ099</p> <p>Paper Claims Mailing Address Jefferson Health Plans PO Box 211290 Eagan, MN 55121</p>	 
		<p>Jefferson Health Plans Individual and Family Plans *Product name for IFP members only; HMO or PPO will be identified in the plan name on the card</p>	

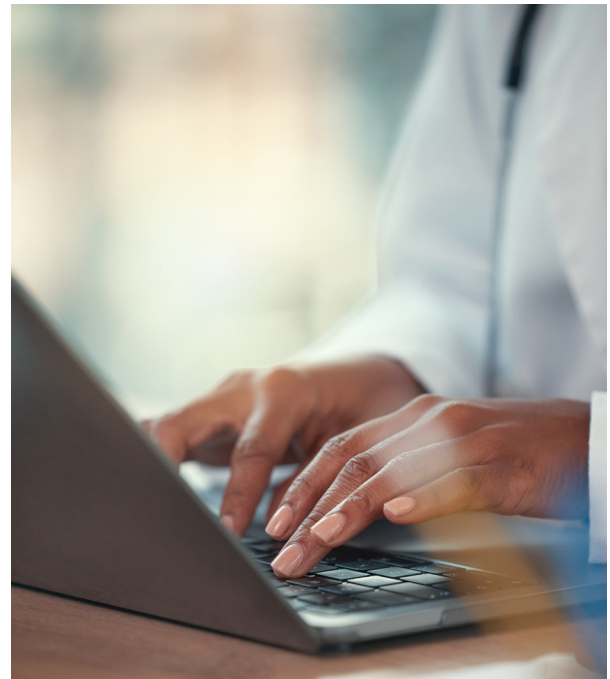
What to Expect: Quality Medical Record Requests

Throughout the year, you may receive medical records requests from our Quality Management Department. These requests are mandated and part of routine reviews. These medical record reviews are exempt from charge and do not require consent from our members. This is outlined in your provider contract. Please note that these requests are time sensitive. Some requests require a direct response letter from the provider, such as those that entail a member complaint or inquiry from one of our Medical Directors.

Some of the reasons that our Quality and Clinical review team will collect medical records may include (but are not limited to):

- STARS-HEDIS measures
- Pay for Performance (P4P) – help us help you.
- Credentialing Medical Record Review
- Complaints/Grievances (response letter required)
- Quality of Care (QOC) referrals
- Quality of Care Inquiry (response letter required)

To reduce the burden on your staff, please consider granting remote access to your electronic medical record (EMR) account to a designated Health Partners Plans/Jefferson Health Plans staff member. We will communicate the purpose and timeline for each medical record request and/or follow your established protocol in addition to our privacy and security measures. For assistance, contact our **QM Specialist, Kim Maund** at kmaund@jeffersonhealthplans.com.



For more information on who to contact from the Quality and Clinical Review Department, check out our [Provider Quick Reference Guide](#), located on the [Tools and Resources](#) page on our website.

Helping Patients Access Blood Pressure Cuffs



Health Partners Plans Medicaid and Jefferson Health Plans Medicare Advantage members 18 years of age or older OR those who are pregnant are eligible to receive a Blood Pressure Cuff. Standard, XL, and Bluetooth cuff options are available.

How to Order a Blood Pressure Cuff

To order a blood pressure cuff for a member:

- Use the blood pressure cuff form that is located on [Form and Supply Requests](#)
- Complete all sections to ensure prompt, accurate shipping.
- Email or fax the completed form following the directions on the bottom of the form.

Provider Guidance

Providers are encouraged to:

- Educate patients on the proper use of the blood pressure cuff, how often to take a blood pressure reading, and how/when to report the results to your office.
- Please instruct your patients to bring their blood pressure equipment with them to their next appointment so your staff can check for correct usage and accuracy.

If you have any questions, please contact our **Provider Services Helpline** at **1-888-991-9023** (Monday-Friday, 9:00 a.m. to 5:30 p.m.).

Key Tips for Timing Preventive Care and Well Visits

Preventive screenings and well visits are essential for achieving optimal health outcomes for your patients and our members. Here are a few reminders about billing and coding guidelines:

Breast Cancer Screening

- Screening mammograms are covered once per benefit period. Your patients do not need to wait 365 days from their last mammogram to get another one.

Osteoporosis Screening

- Reminder that there is no cost sharing for members who complete a DEXA scan or other preventive bone mass measurement when the claim is submitted with diagnosis code Z13.820, regardless of a fracture.
- Z13.820 = Encounter for screening for osteoporosis.
- Please note that osteoporosis screening is covered every 2 years.

Child and Adolescent Well Visits

- Similarly, you can complete a well-child visit once every calendar year, even if 365 days have not yet passed since their last well visit in the prior calendar year. Providers will be reimbursed as long as it is a new calendar year. An example is below:

Well Visit	Next Well Visit	Reimbursable under Guidelines
January 1, 2025	December 30, 2025	No
February 1, 2024	January 15, 2025	Yes

Bonus tip: You can also complete a well-child visit when a child comes in for a sick visit. You should do this after determining that the condition, illness, or injury that led to the sick visit does not impede the ability to complete a well-child visit, and confirm the child is eligible for the well-child visit.



Preparing for CAHPS season

The Consumer Assessment of Healthcare Providers and Systems, commonly known as CAHPS, is considered the national standard for measuring and reporting on consumers' experiences with health plans, providers, and services. CAHPS surveys measure patients' perception of the quality of care received, such as:

- Ease of access to providers and health care services
- Quality of the patient/provider relationship
- Communication skills of physicians and practitioners.

Each year, a sample of Medicaid, CHIP, and Medicare members receive the survey (via mail and phone) between March and June.

What actions can you take?

- ✓ Identify and address your patients' barriers to care.
- ✓ Remind and encourage your staff to be courteous and polite to patients.
- ✓ Educate your patients on appointment standards and assist them in scheduling needed appointments.
- ✓ Remind your patients to use their benefits.

These actions will help ensure your patients and our members are able to get the care they need, schedule appointments quickly, and feel valued through excellent customer service.







Your Role in Antibiotic Stewardship

The Centers for Disease Control and Prevention (CDC) defines Antibiotic Stewardship as: “The effort to measure and improve how antibiotics are prescribed by clinicians and used by patients. Improving appropriate antibiotic prescribing and use is critical to effectively treat infections, protect patients from harms caused by unnecessary antibiotic use, and combat antibiotic resistance.”

Providers play a key role in reducing unnecessary antibiotic prescriptions, which can improve patient outcomes and combat antibiotic resistance. [The CDC’s Core Elements of Outpatient Antibiotic Stewardship | Antibiotic Prescribing and Use | CDC](#) offers providers a checklist that highlights the core elements for prescribing antibiotics in an outpatient setting. The four elements are as follows:



 COMMITMENT	 ACTION	 TRACKING AND REPORTING	 EDUCATION AND EXPERTISE
<ul style="list-style-type: none"> • Display an easy-to-understand explanation of your commitment to Antibiotic Stewardship in your office to facilitate discussions with patients. • Educate staff on the importance of Antibiotic Stewardship for patient safety. 	<ul style="list-style-type: none"> • Use evidence-based practices to guide treatment decisions. • Use delayed prescribing practices if the patient could benefit from watchful waiting. Symptoms can be treated during the waiting period. • Ensure staff understands the process for delayed prescribing. 	<ul style="list-style-type: none"> • Track the clinical staff’s prescribing practices to see if antibiotic prescribing practices improve. • Encourage prescribers to complete continuing medical education modules on antibiotic use. 	<ul style="list-style-type: none"> • Educate patients so they understand the reasoning for not prescribing an antibiotic, including: <ul style="list-style-type: none"> – Risk of overusage – Differences between viral versus bacterial illnesses

Additional Resources:

- Please review the CDC’s current report: [Antibiotic Use and Stewardship in the United States, 2024 Update: Progress and Opportunities | Antibiotic Prescribing and Use | CDC](#)
- Access the [Be Antibiotics Aware Partner Toolkit](#) for patient education and resources.

Promoting Childhood Immunization Standards

According to the CDC, on-time vaccinations throughout childhood are essential because they provide immunity to children before they are exposed to potentially life-threatening diseases. As healthcare providers, you play a pivotal role in safeguarding the health and well-being of children.

You serve as a key resource for new parents and families. One of the ways that health care professionals can help ensure that children are healthy is to encourage families to follow the recommended [childhood immunization schedule](#), which protects infants, children, and teens from harmful diseases. This schedule is:

- Developed by experts at the CDC, with recommendations from the Advisory Committee on Immunization Practices (ACIP) and input from both the American Academy of Pediatrics (AAP) and the American Academy of Family Physicians (AAFP)
- Tailored to provide timely and age-appropriate vaccines for each stage of a child's development

We encourage providers to communicate the importance of childhood immunizations and vaccinate their patients or recommend that patients be vaccinated. As a reminder, vaccinations are covered for all members, including the flu and coronavirus vaccinations. If you have any questions or concerns with getting your pediatric patients in for vaccinations, please contact us at 215-967-4690.





Preparing for New Medicare Measures

The Centers for Medicare and Medicaid Services (CMS) is enhancing its focus on medication management for complex and elderly members. As part of these efforts, CMS has decided to move the below measures from display measures into Star Ratings. These updates are tied to reducing the risk of negative drug interactions and side effects to members:

Polypharmacy Use of Multiple Anticholinergic Medications in Older Adults (Poly-ACH):

This measure tracks the percentage of individuals ≥ 65 years of age older adults with concurrent use of two or more unique anticholinergic medications.

• Risks for this population:

- Patients may experience Anticholinergic medication (ACH) side effects due to reduction in drug clearance associated in older patients.
- Anticholinergic medications side effects include dry mouth/eyes, impaired cognition, urinary retention, sedation, delirium, and increased risk of falls.

• Tips for success:

- Review indications and duration of each ACH medication and identify which are higher risk for the patient.
- Review which medication has led to a fall or an increased risk of a fall.
- Discuss starting nonpharmacological interventions or other medication alternatives.
- Monitor progress, perform follow-ups, and taper down if taken long-term or high dose.
- Perform mini mental exam (MME) if suspicion of impaired cognitive function.
- Limit prescriptions for ACH medications on an as needed indication (no refills).

- *Patients on hospice are excluded from this measure*

Concurrent Use of Opioids and Benzodiazepines (COB):

This measure tracks the percentage of individuals ≥ 18 years of age with concurrent use of prescription opioids and benzodiazepines.

• Key Risks:

- Concomitant use of opioids and benzodiazepines may result in profound sedation, respiratory depression, coma, and death.
- The FDA strongly recommends reserving concomitant prescribing for use in patients for whom alternative treatment options are inadequate. Limit dosages and durations to the minimum required. Follow patients for signs and symptoms of respiratory depression and sedation.

• Prescriber's Role:

- Prescribe opioids and benzodiazepines as second- or last-line treatments, especially for long-term use.
- For opioid/benzodiazepine tolerant patients, consider tapering down or switching to alternatives (including non-steroidal anti-inflammatory drugs (NSAIDs), acetaminophen, gabapentin, selective serotonin reuptake inhibitors (SSRIs), steroids).
- If appropriate, based on clinical information, providers can deny prescribing opioids/ benzodiazepines.

- *The following diagnoses are excluded: cancer, sickle cell disease, receiving hospice or palliative care.*

For more information, refer to the [National Center for PTSD. Effective treatments for PTSD: helping patients taper from benzodiazepines.](#)

From Flare-Up to Recovery in COPD Care

COPD affects approximately 15 million adults in the United States, with patients often experiencing exacerbations where symptoms worsen and flare up intermittently and can be marked by dyspnea and/or worsening cough and sputum. In some severe cases, patients will require hospitalization and ventilation. Upon discharge from the hospital, patients are at high risk for exacerbation within 30 days. Proper post-discharge management, as outlined in the GOLD guidelines, can reduce the risk and improve outcomes.

Why Proper Post-Exacerbation Management Matters

The HEDIS measures for the Pharmacotherapy Management of COPD Exacerbation (PCE) include an assessment of adults over the age of 60 with COPD who had an appropriate medication used to treat a COPD exacerbation, including appropriate use of systemic corticosteroids and bronchodilators. Appropriate prescribing of medication following exacerbation can prevent future flare-ups.

For a complete list of medications covered, please refer to our [online formulary](#).



Recommended medications and coverage:

- ✔ Short-acting beta2-agonist inhalers (SABAs) are recommended as initial bronchodilators, including nebulizers.
- ✔ Systemic Corticosteroids have been shown to reduce rate of treatment failure, rate of relapse, and improvement of lung function and shortness of breath. Recommend an equivalent of 40mg of Prednisone for 5 days. Nebulized budesonide can be chosen as an alternative for treatment.

Preferred agents' coverage:

- ✔ Systemic corticosteroid: Prednisone Tablet/Dose Pack, Methylprednisolone Tablet/Dose Pack, Budesonide 0.25mg/2ml and the 0.5mg/2ml
- ✔ COPD Agents and Inhalers: Albuterol HFA and Nebulizer, Levalbuterol HFA and Nebulizer, Proair Respiclick, Ventolin HFA, Xopenex HFA, Anoro Ellipta, Atrovent HFC, Bevespi Aerosphere, Combivent Respimat, Incruse Ellipta, Ipratropium Nebulizer, Ipratropium-Albuterol Nebulizer, Spiriva Handihaler/Respimat, Stiolto Respimat, Trelegy Ellipta, Advair Diskus, Dulera, Fluticasone/Salmeterol Aerosol Powder and Blister with Device, Symbicort, Serevent, Striverdi Respimat

Pharmacy Formulary Changes

Please see below for the most recent formulary, prior authorization, quantity limit, and age edit updates for Jefferson Health Plans Medicare Advantage, Health Partners Plans Medicaid, and Health Partners Plans CHIP plans.

Medicare

Formularies:

- [Jefferson Health Plans Premium Formulary: Special, Dual Pearl \(SNP Plans\)](#)
- [Jefferson Health Plans Core Formulary: Prime, Complete, Silver, Platinum, Flex Plus, Flex Pro](#)
- [Jefferson Health Plans Value Formulary: Giveback, Flex, Choice, Choice Plus](#)

Medicaid

[Click here](#) for updates to the Pennsylvania Statewide Preferred Drug List (PDL) for 2025.

Formularies:

- [Health Partners Plans Medicaid Formulary](#)

CHIP

Formularies:

- [Health Partners Plans CHIP Formulary](#)

Dental Dispatch

Working Together to Promote Optimal Oral Health

Maintaining good oral health is essential for overall well-being, and regular dental care plays a crucial role in preventing dental issues at every stage of life. From childhood to old age, consistent dental check-ups and proper oral hygiene can contribute to a healthier life.



Comprehensive Dental Benefits

To support our members in maintaining good oral health throughout their lives, we offer comprehensive dental benefits for Health Partners Plans Medicaid, Health Partners Plans CHIP, and Jefferson Health Plans Medicare Advantage members. These benefits include:

- Coverage for preventive services, such as regular dental exams and cleanings, is important for preventing dental disease and maintaining overall health.
- Additionally, our plan covers a range of dental treatments. For eligible members, fillings, extractions, and even implants for some of our plans may be covered to ensure that our members have access to the care they need at every stage of life.

Providers are encouraged to educate their patients about the importance of regular dental care and to utilize the resources available through their individual plan. By working together, we can help our members achieve and maintain optimal oral health.

Members

For more information on the dental benefits available with our plan, members can call the Member Relations phone number on the back of their card to find out what is covered.

Medical Providers

Medical Providers who have questions about individual dental plans can reach out to our **dental benefits manager, Avesis**, at **1-855-536-7764**.

Policy & Notice Reminders

Stay Connected by Updating Your Provider Information

Maintaining accurate provider information ensures seamless communication, compliance, and quality care for patients. Providers should regularly verify their enrollment status and demographic information in the DHS PROMISe system to avoid disruptions. This includes checking:

- Service locations
- Revalidation dates
- Active PROMISe ID status

Please visit the [DHS webpage](#) for requirements and step-by-step instructions.

If your contact details (such as name, address, or phone number) have changed, provider groups can submit the updates on official company letterhead via email to datavalidation@jeffersonhealthplans.com.

Lastly, be sure to complete the Quarterly Provider Data Validation form sent via mail to your practice. Completing this form will ensure our systems hold the most current information.

Cultural Competency: A Key to Reducing Health Disparities

Cultural Competency is one of the main ingredients in closing the disparities gap in health care. It requires a commitment from doctors and other caregivers to understand and be responsive to the different attitudes, values, verbal cues, and body language that people look for in a doctor's office by virtue of their heritage.

Culturally competent providers:

- Understand their own beliefs and biases, explicit and implicit.
- Integrate these factors into their day-to-day provision of care.
- Develop their understanding in stages by building upon previous knowledge and experience.
- Provide the highest quality of care to every patient, regardless of race, ethnicity, cultural background, English proficiency, or literacy.

Non-Discrimination Policy

We recognize the diversity of our members and offer services that are sensitive to these differences. Members enrolled in our plan(s) have the right to receive and expect courteous, quality care regardless of race, color, creed, sex, religion, age, national or ethnic origin, ancestry, marital status, sexual preference, gender identity and expression, genetic information, physical or mental illness, disability, veteran status, source of payment, visual or hearing limitations, or the ability to speak English.

Our non-discrimination policy includes protection for members of the LGBTQ+ community. As a provider, your responsibilities for LGBTQ+ patients include:

- Treating all patients with dignity; respect their identities
- Breaking the cycle of discrimination that creates barriers for LGBTQ+ communities to access healthcare
- Adopting best practices that are inclusive of and welcoming to LGBTQ+ communities
- Providing complete, unbiased, person-centered care that results in risk reduction



Participating providers are required, by law, to provide translation and interpreter services (including American sign language services) at their practice location, at the provider's cost. If you need assistance, our helpline can assist you in locating services for members who need a qualified interpreter present at an appointment or telephonically: **1-888-991-9023**.

How to Report an Issue of Compliance, Privacy, or Fraud

The reporting and investigation of compliance, privacy, or fraud incidents plays a key part in creating a culture of honest and ethical behavior and conduct. Additionally, management of compliance, privacy, or fraud issues is also essential for improving our services and enables the organization to take appropriate actions to mitigate future risks.

You can help to prevent fraud by asking for picture identification in addition to checking their member ID card or number. This will prevent non-members from using stolen or lost member insurance ID cards.

Anyone who becomes aware of a compliance, privacy, or fraud incident, whether it has occurred or is about to occur, should report it. There are several ways to report through the options provided below. If you wish to remain anonymous, you may do so by using the Hotline or our online reporting tool.

To report a compliance, privacy, or fraud incident:

- Call the anonymous hotline: 1-866-477-4848
- To report actual or suspected non-compliance, contact Compliance by emailing: Compliance@jeffersonhealthplans.com
- To report actual or suspected privacy or security concerns, contact the Privacy Office by emailing: PrivacyOfficial@jeffersonhealthplans.com
- To report actual or suspected FWA concerns, contact the Special Investigations Unit (SIU) by emailing: SIUtips@jeffersonhealthplans.com
- Complete and submit allegations related to Compliance, Privacy or FWA anonymously online [here](#).

Policy Bulletin Updates

Our medical policy bulletins define medical necessity criteria and coverage positions on topics such as medical services, procedures, durable medical equipment, and therapies. Recent policy additions and updates include the following:

Medical Necessity Policies

- **New**
 - MN.018.A Medical Nutritional Support
- **Updates:**
 - MN.013.E Shift Nursing, Personal Care and Medical Daycare - minor revisions made to guidelines and product variation sections
 - MN.010.H Gender Confirmation Surgery- coverage criteria revised; additional CPT codes added

Claim Payment Policies

- **New**
 - RB.039.A Reporting Requirements for Anesthesia Services
- **Updates:**
 - RB.028.B Centers for Medicare & Medicaid Services (CMS) and Department of Human Services (DHS) Payment Systems Update and Maintenance Payment Systems - revised policy statement

Drug Policies

- **Updates:**
 - DR.006.E Compliment Inhibitors: Eculizumab (Soliris®) & Ravulizumab (Ultomiris®) - revisions made to prior authorization criteria
 - DR.016.B ELEVIDYS® (Delandistrogene moxeparvovec-rokl) - FDA indication updated

Visit [our website](#) to view our policy bulletin library.

Health Partners Plans, Inc. (HPP), uses Jefferson Health Plans as the marketing name for some of its lines of business. Current lines of business are: Jefferson Health Plans Individual and Family Plans, Jefferson Health Plans Medicare Advantage, Health Partners Plans Medicaid, and Health Partners Plans CHIP. All communications will specify the impacted line of business within the content of the message.



[Provider Resources](#)



PC-420NM-6442