

## PROVIDER SUPPORT SERVICES

### Our Provider Portal

Services available through our portal include:

- Eligibility and benefit verification
- Claim status inquiry
- Claims reconsiderations
- Authorization requests
- Access to reports/documents/  
provider communications

Visit [HPPlans.com/providerportals](https://www.hppplans.com/providerportals) to learn more

### Provider Services Helpline

(Mon-Fri 9:00 a.m. to 5:30 p.m.): 1-888-991-9023

Medical provider: prompt 1

Pharmacies: prompt 2

Join our provider network: prompt 3

Members: prompt 4

**Quality Management:** 1-855-218-2314

## ONLINE RESOURCES

[www.hppplans.com/providers](https://www.hppplans.com/providers)

**Provider News:** [www.hppplans.com/provnews](https://www.hppplans.com/provnews)

**Online Provider Directory:** [www.healthpartnersplans.com/providers/resources/provider-directory](https://www.healthpartnersplans.com/providers/resources/provider-directory)

**Eligibility and Claims:** [www.hppplans.com/eandb](https://www.hppplans.com/eandb)

**Provider Trainings:** [www.healthpartnersplans.com/providers/training-and-education](https://www.healthpartnersplans.com/providers/training-and-education)

**Formularies:** [www.hppplans.com/formulary](https://www.hppplans.com/formulary)

**Provider Manual:** [www.hppplans.com/providermanual](https://www.hppplans.com/providermanual)

## CREDENTIALING

### Credentialing Status, Correspondence & Enrollment:

[Credentialing@jeffersonhealthplans.com](mailto:Credentialing@jeffersonhealthplans.com), Fax: 215-967-4473

**Data changes/Terminations:** [DataValidation@jeffersonhealthplans.com](mailto:DataValidation@jeffersonhealthplans.com), Fax: 267-515-6650

### Hospital/Facility Based and Physical/Occupational/Speech Therapy Linkages, Terminations & Changes:

[ProviderData@jeffersonhealthplans.com](mailto:ProviderData@jeffersonhealthplans.com), Fax: 215-967-9274

## CARE COORDINATION FOR ALL LINES OF BUSINESS

Our Care Coordinators who are nurses, social workers and outreach coordinators are ready to assess and address all your patient's needs including behavioral health and SDOH and connecting them to the appropriate resources. These programs are based on collaboration with providers to promote self-management.

Call the Provider Services Helpline: 1-866-500-4571 Or email [ClinicalConnections@jeffersonhealthplans.com](mailto:ClinicalConnections@jeffersonhealthplans.com) to refer your patient

## VENDOR INFORMATION

- **Avësis** (Dental): 1-800-952-6674, [www.myavesis.com/providers/](https://www.myavesis.com/providers/)
- **ECHO Health** (Electronic funds transfer and remittance advice): 1-888-834-3511, [www.echohealthinc.com](https://www.echohealthinc.com)
- **eviCore** (Radiology, Cardiology, MSK (Joint, Spine, Pain), Sleep): 1-888-693-3211, [www.evicore.com/provider](https://www.evicore.com/provider)
- **eviCore** (Radiation Oncology, Medical Oncology and Therapies (PT, OT, Speech) and Chiropractic): 1-888-444-6178
- **Magellan** (Behavioral Health Services): Please see the Behavioral Health Services section of this document
- **Quest Diagnostics** (Jefferson Health Plans sole national preferred commercial laboratory): 1-866-697-8378
- **Davis Vision:** 1-800-773-2847, [www.davisvision.com/eye-care-professionals](https://www.davisvision.com/eye-care-professionals)

## BEHAVIORAL HEALTH SERVICES

**Medicare:** 1-800-424-3706 (Magellan)

**CHIP:** 1-800-424-3702 (Magellan)

**Medicaid:** Visit <https://www.dhs.pa.gov/HealthChoices/HC-Services/Pages/BehavioralHealth-MCOs.aspx> for the complete listing

## MEMBER RELATIONS

**Health Partners (Medicaid):** 1-800-553-0784

**KidzPartners (CHIP):** 1-888-888-1211

**Jefferson Health Plans (Medicare):** 1-866-901-8000

**Jefferson Health Plans Individual and Family Plans:**  
1-833-422-4690

**TTY:** 1-877-454-8477

## MEDICAL MANAGEMENT (UTILIZATION/PRIOR AUTHORIZATION)

**1-866-500-4571**

**Ancillary Services (DME, home health care):** prompts 2, 2

**Inpatient/Outpatient Services (Prior authorizations):**  
prompts 2, 3

**Non-Par Service Requests:** prompts 2, 4

**Physician Peer-to-Peer Hotline:** prompts 2, 1

**Skilled Nursing Facilities and Rehabilitation:**

**Medicare:** 215-991-4395

**Medicaid:** 267-385-3825

**Fax:** 215-991-4125

## PHARMACY

**Pharmacy Department:** 1-866-841-7659

**Fax (Medicaid):** 1-866-371-3239

**Fax (Medicare):** 1-866-371-3239

**Fax (Individual and Family Plans):** 1-833-605-4407

**Recipient Restriction Program Information:**

215-991-4094

**Fax:** 267-515-6651

## COMPLIANCE, PRIVACY, OR FRAUD, WASTE OR ABUSE (FWA)

Anyone who becomes aware of a compliance, privacy, or fraud, waste or abuse incident, issue or complaint, whether it has occurred or is about to occur, should report it to Jefferson Health Plans. There are several ways to file a report. If you wish to remain anonymous, you can use the Compliance Hotline or Incident Reporting Form.

**To report an actual or suspected Compliance, Privacy or Fraud, Waste or Abuse incident:**



- Call the anonymous **Jefferson Health Plans Compliance Hotline** at 1-866-477-4848
- Email us at [Compliance@jeffersonhealthplans.com](mailto:Compliance@jeffersonhealthplans.com), [siutips@jeffersonhealthplans.com](mailto:siutips@jeffersonhealthplans.com) or [specialinvestigationsunit@jeffersonhealthplans.com](mailto:specialinvestigationsunit@jeffersonhealthplans.com)
- File an anonymous report through NAVEX Global's EthicsPoint webpage at <https://www.mycompliancereport.com/report?cid=JEFF>

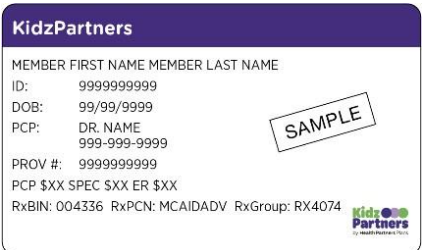

# Provider Quick Reference Guide

## CLAIMS SUBMISSIONS

Please note that Jefferson Health Plans recommends electronic claims submissions.


**EDI (Electronic Data Interchange) Support:** EDI@jeffersonhealthplans.com

Product Name	ID Card
<p style="text-align: center;"><b>Health Partners (Medicaid)</b></p>	<div style="border: 1px solid black; padding: 10px; margin-bottom: 10px;">  <p><b>Health Partners</b></p> <p>&lt;FIRSTNAME Q MEMBERLASTNAME&gt;            ID: &lt;9999999999&gt;            DOB: &lt;99/99/9999&gt;            PCP: &lt;DR.&gt; &lt;FNAME LNAME&gt;            &lt;999-999-9999&gt;            PROV #: &lt;999999X9999999X&gt;            RxBIN: 004336 RxPCN: MCAIDADV RxGroup: RX3892</p> <p style="text-align: right;"><b>Health Partners</b> </p> </div> <p style="text-align: center;"><b>Medicaid:</b> 9 characters long, starting with all numerical digits</p>
Plan Information	
<p><b>Payor ID:</b> #80142</p> <p><b>Paper Claims Submissions:</b> Jefferson Health Plans, PO BOX 211123 Eagan, MN 55121</p> <p><b>Claims Reconsiderations:</b> <a href="http://www.healthpartnersplans.com/providers/provider-portals">www.healthpartnersplans.com/providers/provider-portals</a></p> <p><b>Claims Inquiries:</b> <a href="http://www.healthpartnersplans.com/providers/provider-portals">www.healthpartnersplans.com/providers/provider-portals</a></p> <p><b>Or by Calling Provider Services:</b> 1-888-991-9023</p>	

Product Name	ID Card
<p style="text-align: center;"><b>KidzPartners (CHIP)</b></p>	<div style="border: 1px solid black; padding: 10px; margin-bottom: 10px;">  <p><b>KidzPartners</b></p> <p>MEMBER FIRST NAME MEMBER LAST NAME            ID: 9999999999            DOB: 99/99/9999            PCP: DR. NAME            999-999-9999            PROV #: 9999999999            PCP \$XX SPEC \$XX ER \$XX            RxBIN: 004336 RxPCN: MCAIDADV RxGroup: RX4074</p> <p style="text-align: right;"><b>KidzPartners</b> </p> </div> <p style="text-align: center;"><b>CHIP:</b> 10 characters long, starting with a “3” or a “9”</p>
Plan Information	
<p><b>Payor ID:</b> #80142</p> <p><b>Paper Claims Submissions:</b> Jefferson Health Plans, PO BOX 211123 Eagan, MN 55121</p> <p><b>Claims Reconsiderations:</b> <a href="http://www.healthpartnersplans.com/providers/provider-portals">www.healthpartnersplans.com/providers/provider-portals</a></p> <p><b>Claims Inquiries:</b> <a href="http://www.healthpartnersplans.com/providers/provider-portals">www.healthpartnersplans.com/providers/provider-portals</a></p> <p><b>Or by Calling Provider Services:</b> 1-888-991-9023</p>	

Product Name	ID Card
<p>Jefferson Health Plans (Medicare) (HMO and PPO) *to be identified in the plan name on the card</p> <p style="text-align: center;"><b>Medicare Advantage</b></p>	 <p style="text-align: center;"><b>Medicare Advantage: 7 characters long, starting with a "5"</b></p>

Plan Information	
<p><b>HMO:</b> Payor ID: 80142 Paper Claims Submissions: Jefferson Health Plans, PO BOX 211123 Eagan, MN 55121</p> <p><b>Claims Reconsiderations:</b> <a href="http://www.healthpartnersplans.com/providers/provider-portals">www.healthpartnersplans.com/providers/provider-portals</a></p> <p><b>Claims Inquiries:</b> <a href="http://www.healthpartnersplans.com/providers/provider-portals">www.healthpartnersplans.com/providers/provider-portals</a> Or by Calling Provider Services: 1-888-991-9023</p>	<p><b>PPO:</b> Payor ID: #RP099 Paper Claims Submissions: Jefferson Health Plans, PO BOX 21921 Eagan, MN 55121</p> <p><b>Claims Reconsiderations:</b> <a href="http://www.healthpartnersplans.com/providers/provider-portals">www.healthpartnersplans.com/providers/provider-portals</a></p> <p><b>Claims Inquiries:</b> <a href="http://www.healthpartnersplans.com/providers/provider-portals">www.healthpartnersplans.com/providers/provider-portals</a> Or by Calling Provider Services: 1-888-991-9023</p>

Product Name	ID Card
<p>Jefferson Health Plans <b>(Individual and Family Plans)</b> *(NEW IN 2024)</p>	 <p style="text-align: center;"><b>Individual &amp; Family Plans: 12 characters long, starting with a "J"</b></p>

Plan Information	
<p>Payor ID: #80142</p> <p>Paper Claims Submissions: Jefferson Health Plans, PO BOX 211123 Eagan, MN 55121</p> <p>Claims Reconsiderations: <a href="http://www.healthpartnersplans.com/providers/provider-portals">www.healthpartnersplans.com/providers/provider-portals</a></p> <p>Claims Inquiries: <a href="http://www.healthpartnersplans.com/providers/provider-portals">www.healthpartnersplans.com/providers/provider-portals</a> Or by Calling Provider Services: 1-888-991-9023</p>	