

# Provider Quick Reference Guide



## Provider Services

1-888-991-9023

## Provider Portal

[HealthPartnersPlans.com/ProviderPortal](https://HealthPartnersPlans.com/ProviderPortal)

**As a reminder, our product names have stayed the same!**

- Jefferson Health Plans Medicare
- Jefferson Health Plans Individual and Family Plans
- Health Partners Plans Medicaid
- Health Partners Plans CHIP

## Provider Support Services

### Provider Services Helpline:

1-888-991-9023

(Mon – Fri, 9:00 a.m. – 5:30 p.m.)

### Provider Portal:

[HealthPartnersPlans.com/ProviderPortal](https://HealthPartnersPlans.com/ProviderPortal)

Services available through our portal include:

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

See page 4 for plan ID cards and claims submission information

## Online Resources

[www.HealthPartnersPlans.com/home/providers/](https://www.HealthPartnersPlans.com/home/providers/)

Visit our website for more detailed information:

- Provider Manual
- Prior authorization guidelines and forms
- Eligibility and claims information
- News and updates
- Trainings and webinars
- Provider directory
- Formularies
- Clinical resources

### Member websites:

- Medicaid and CHIP:  
[www.HealthPartnersPlans.com](https://www.HealthPartnersPlans.com)
- Medicare Advantage and Individual and Family Plans:  
[www.JeffersonHealthPlans.com](https://www.JeffersonHealthPlans.com)

## 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

To fax prior authorization requests, please use the numbers below:

- Medicaid and CHIP: 1-866-240-3712
- Medicare Advantage: 1-866-371-3239
- Individual and Family Plans: 1-833-605-4407

### Recipient Restriction Program:

Call 215-991-4094 for member information.

## 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 (ALL PLANS)

Refer patients by calling the Provider Services Helpline (1-888-991-9023) or emailing [ClinicalConnections@jeffersonhealthplans.com](mailto:ClinicalConnections@jeffersonhealthplans.com).

## Vendor Information



### Avēsis (DENTAL):

1-800-952-6674

[www.myavesis.com/providers](http://www.myavesis.com/providers)



### Davis Vision:

1-800-773-2847

[www.davisvision.com/eye-care-professionals](http://www.davisvision.com/eye-care-professionals)



### ECHO Health (ELECTRONIC FUNDS TRANSFER AND REMITTANCE ADVICE):

1-888-834-3511

[www.echohealthinc.com](http://www.echohealthinc.com)



### eviCore (RADIOLOGY, CARDIOLOGY, MSK (JOINT, SPINE, PAIN), AND SLEEP):

1-888-693-3211

<http://www.evicore.com/provider>



### eviCore (RADIATION ONCOLOGY, MEDICAL ONCOLOGY, THERAPIES (PT, OT, SPEECH), AND CHIROPRACTIC):

1-888-444-6178



### Magellan (BEHAVIORAL HEALTH SERVICES):

#### • Health Partners Plans Medicaid:

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

#### • Health Partners Plans CHIP:

1-800-424-3702 (Magellan)

#### • Medicare Advantage:

1-800-424-3706 (Magellan)

#### • Individual and Family Plans:

1-800-424-3704 (Magellan)



### Quest Diagnostics (PREFERRED COMMERCIAL LABORATORY):

1-866-697-8378

## Quality Management and Audits

### Quality Management Department:

1-855-218-2314

### STARS/HEDIS Initiatives:

[Hedis\\_records@jeffersonhealthplans.com](mailto:Hedis_records@jeffersonhealthplans.com)

Fax: 215-967-9230

### Care Gaps:

[caregap\\_records@jeffersonhealthplans.com](mailto:caregap_records@jeffersonhealthplans.com)

Fax: 215-967-9230

### Audits:

[audit@jeffersonhealthplans.com](mailto:audit@jeffersonhealthplans.com)

Fax: 215-967-4477

### QOC/Complaints:

[quality@jeffersonhealthplans.com](mailto:quality@jeffersonhealthplans.com)

Fax: 267-515-6648

## Compliance, Privacy, and Fraud, Waste and Abuse

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

Call 1-866-477-4848; you may remain anonymous.

Email one of the following email inboxes:

- [Compliance@jeffersonhealthplans.com](mailto:Compliance@jeffersonhealthplans.com)
- [siutips@jeffersonhealthplans.com](mailto:siutips@jeffersonhealthplans.com)
- [specialinvestigationsunit@jeffersonhealthplans.com](mailto:specialinvestigationsunit@jeffersonhealthplans.com)

Go to [www.mycompliancereport.com/report?cid=JEFF](http://www.mycompliancereport.com/report?cid=JEFF); you may remain anonymous.

## Claims Submissions/ID Cards

**Please see the table on the following page for all claims submission information.**

**Note:** Health Partners Plans/Jefferson Health Plans recommends electronic claims submissions.

**EDI (Electronic Data Interchange) support:**

[EDI@jeffersonhealthplans.com](mailto:EDI@jeffersonhealthplans.com)

### Claims reconsiderations:

Submit via our provider portal.

### Claims inquiries:

Review claims via our provider portal or by calling the Provider Services Helpline at 1-888-991-9023.

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.

## Health Partners Plans Medicaid

Member ID is 9 characters, starting with numeric digits

Payor ID: #80142

### PAPER CLAIMS SUBMISSIONS:

Jefferson Health Plans  
PO Box 211123  
Eagan, MN 55121

**Health Partners**

<FIRSTNAME Q MEMBERLASTNAME>  
ID: <999999999>  
DOB: <99/99/9999>  
PCP: <DR > <FNAME LNAME>  
<999-999-9999>  
PROV #: <99999XX999999>  
RxBIN: 004336 RxCN: MCAIDADV RxGroup: RX3892

**Health Partners**

## Health Partners Plans CHIP

Member ID is 10 characters, starting with either a "3" or "9"

Payor ID: #80142

### PAPER CLAIMS SUBMISSIONS:

Jefferson Health Plans  
PO Box 211123  
Eagan, MN 55121

**KidzPartners**

MEMBER FIRST NAME MEMBER LAST NAME  
ID: 9999999999  
DOB: 99/99/9999  
PCP: DR\_NAME  
999-999-9999  
PROV #: 9999999999  
PCP SXX SPEC: SXX ER SXX  
RxBIN: 004336 RxCN: MCAIDADV RxGroup: RX4074

**KidzPartners**

## Jefferson Health Plans Medicare – Pennsylvania (HMO and PPO)

Member ID is 7 characters, starting with "5"; PPO or HMO is identified on the ID card

HMO Payor ID: #80142

### HMO: PAPER CLAIMS SUBMISSIONS:

Jefferson Health Plans  
PO Box 211123  
Eagan, MN 55121

**Jefferson Health Plans**

Member Name  
ID: Member ID  
PCP Name:  
PCP Phone Number:

RxBIN: RxCN: RxCN: RxCN: RxCN: RxCN:  
RxBIN: 004336 RxCN: MEDDADV RxCN: MEDDADV RxCN: MEDDADV RxCN: MEDDADV RxCN: MEDDADV  
RxCN: MEDDADV RxCN: MEDDADV RxCN: MEDDADV RxCN: MEDDADV RxCN: MEDDADV RxCN: MEDDADV

PCP: SXX  
Specialist: SXX  
Emergency Room: SXX

**MedicareRx**

PPO Payor ID: #80142

### PPO: PAPER CLAIMS SUBMISSIONS:

Jefferson Health Plans  
PO Box 21921  
Eagan, MN 55121

**Jefferson Health Plans**

Member Name  
ID: Member ID

RxBIN: 004336 RxCN: MEDDADV RxCN: MEDDADV RxCN: MEDDADV RxCN: MEDDADV RxCN: MEDDADV  
RxCN: MEDDADV RxCN: MEDDADV RxCN: MEDDADV RxCN: MEDDADV RxCN: MEDDADV RxCN: MEDDADV

PCP: SXX  
Specialist: SXX  
Emergency Room: SXX

In Network: SXX Out of Network: SXX  
Specialist: SXX  
Emergency Room: SXX

Medicare limiting charges apply.

**MedicareRx**

## Jefferson Health Plans Medicare – New Jersey (HMO and PPO)

Member ID is 7 characters, starting with "5"; PPO or HMO is identified on the ID card

HMO Payor ID: #80142

### HMO: PAPER CLAIMS SUBMISSIONS:

Jefferson Health Plans  
PO Box 211123  
Eagan, MN 55121

**Jefferson Health Plans**

Member Name  
ID: Member ID  
PCP Name:  
PCP Phone Number:

RxBIN: RxCN: RxCN: RxCN: RxCN: RxCN:  
RxBIN: 004336 RxCN: MEDDADV RxCN: MEDDADV RxCN: MEDDADV RxCN: MEDDADV RxCN: MEDDADV  
RxCN: MEDDADV RxCN: MEDDADV RxCN: MEDDADV RxCN: MEDDADV RxCN: MEDDADV RxCN: MEDDADV

PCP: SXX  
Specialist: SXX  
Emergency Room: SXX

**MedicareRx**

PPO Payor ID: #NJ099

### PPO: PAPER CLAIMS SUBMISSIONS:

Jefferson Health Plans  
PO Box 211290  
Eagan, MN 55121

**Jefferson Health Plans**

Member Name  
ID: Member ID

RxBIN: 004336 RxCN: MEDDADV RxCN: MEDDADV RxCN: MEDDADV RxCN: MEDDADV RxCN: MEDDADV  
RxCN: MEDDADV RxCN: MEDDADV RxCN: MEDDADV RxCN: MEDDADV RxCN: MEDDADV RxCN: MEDDADV

PCP: SXX  
Specialist: SXX  
Emergency Room: SXX

In Network: SXX Out of Network: SXX  
Specialist: SXX  
Emergency Room: SXX

Medicare limiting charges apply.

**MedicareRx**

## Jefferson Health Plans Individual and Family Plans

Member ID is 12 characters, starting with "J"

Payor ID: #80142

### PAPER CLAIMS SUBMISSIONS:

Jefferson Health Plans  
PO Box 211123  
Eagan, MN 55121

**Jefferson Health Plans**

Member Name  
Member ID  
PCP Name:  
PCP Phone Number:

RxBIN: XXXXXX RxCN: XXXX RxCN: XXXX RxCN: XXXXXX  
RxBIN: XXXXXX RxCN: XXXX RxCN: XXXX RxCN: XXXXXX

PCP: SXX  
Specialist: SXX  
Urgent Care: SXX  
ER: SXX  
Ded IndFam: SXXXXXXX SXXXXXXX SXXXXXXX  
ODPM IndFam: SXXXXXXX SXXXXXXX SXXXXXXX

Tier 1: SXX Tier 2: SXX  
Specialist: SXX  
Urgent Care: SXX  
ER: SXX

**MedicareRx**