

# Provider Check Up



Jefferson Health Plans thanks you for your continued commitment to our members. We hope you are refreshed and ready to take on this new year! The beginning of the year allows us to set goals and expectations for your patients and our members.

- Let's remind our members/your patients of the importance of annual and preventive screenings, adherence to medications and overall health and wellness.

- Let's work together to break down barriers and provide resources to help them achieve their goals.
- Let's continue to be great partners to one another, to the populations we serve and to our communities.

We look forward to another productive year!

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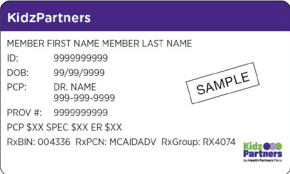
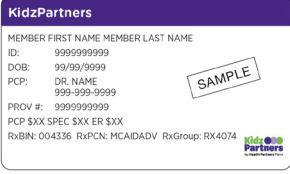
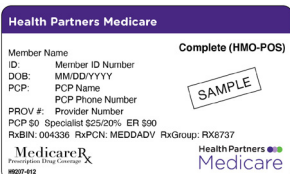

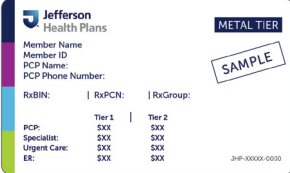
# Jefferson Health Plans Provider News

## Jefferson Health Plans Product Updates

In July 2023, we officially launched our new corporate marketing name, Jefferson Health Plans. On January 1, 2024, the Medicare Advantage PPO and Individuals and Families plans went live to add to our already existing Health Partners Medicaid, KidzPartners (CHIP) and Jefferson Health Plans Medicare products.

If you haven't already done so, please communicate these updates with your patient-facing staff members.

**Jefferson Health Plans Medicare Advantage PPO product and our plans for Individuals and Families are now live!**

2023 PRODUCTS		2024 PRODUCTS	
PRODUCT NAME	ID CARD	PRODUCT NAME	ID CARD
Health Partners (Medicaid)		Health Partners (Medicaid)	
KidzPartners (CHIP)		KidzPartners (CHIP)	
Health Partners Medicare		Jefferson Health Plans (Medicare) (HMO and PPO) <i>*to be identified in the plan name on the card</i>	
		Jefferson Health Plans Individuals and Families <b>(NEW IN 2024)</b>	

Please use the links below for detailed information on our new products.

**Presentations:**

- [Individual and Family Plans for 2024](#)
- [Overview of 2024 Medicare Advantage Products](#)

Jefferson Health Plans also offers an on-demand e-learning course: [Overview of 2024 Medicare Advantage Products](#).

## KidzPartners (CHIP) is expanding!

**Jefferson Health Plans is pleased to announce the expansion of our KidzPartners service area!**

Effective December 18, 2023, our KidzPartners product is now available across all 67 counties in Pennsylvania.

For more information on how to join our KidzPartners' network, please visit our website: [Provider Recruitment Form | Health Partners Plans](#).



## Data Validation

**Keep your demographic information up to date! Confirm your enrollment status and demographic information today!**

Providers should check the DHS PROMISe system on a routine basis to confirm demographic data, including all service locations and revalidation dates, to ensure information is current and contains an active PROMISe ID. Please visit the [DHS webpage](#) for requirements and step by step instructions.

Jefferson Health Plans' participating provider groups that need to update their contact information (e.g., name, address, phone number, etc.) should submit the information change on company letterhead to [datavalidation@hpplans.com](mailto:datavalidation@hpplans.com).

## 2024 Webinar Series

Please see the list of upcoming scheduled webinars offered by Jefferson Health Plans. You may sign up for any of our webinars using the following link: [Provider Training and Education](#).

TOPIC	DATE	TIME
Women's Health Measures & Maternal Quality Care Plus (MQCP)	Wednesday, February 28, 2024	12:00
Provider Annual Orientation and Training – 1st Quarter	Wednesday, March 20, 2024	12:30
Ancillary Providers Annual Orientation and Training	Wednesday, March 27, 2024	12:30
Consumer Assessment of Healthcare Providers and Systems (CAHPS)	TBD	12:30
Clinical Programs Collaboration/Care Coordination Support and Your Patients	TBD	12:30
Quality Initiatives/Priorities & Quality Care Plus (QCP)	Wednesday, April 10, 2024	12:00
Cultural Competency and Disparities in Health Care	Wednesday, May 15, 2024	12:00

As additional trainings are made available, they will be added to the provider webpage. Please check back for future updates!

## CAHPS Season is Here!

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 provided. CAHPS surveys measure patients' perception of the quality of care received, such as the ease of access to providers and health care services and the patient/provider relationship, including the communication skills of physicians and practitioners. Each year, a sample of Medicare members receive the survey (mailed and telephonic) between the months of 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, especially their transportation benefit!

These actions will help ensure your patients – our members – get their needed care, get appointments and care quickly and experience excellent customer service.

# Member Rewards

## Health Partners (Medicaid) and KidzPartners (CHIP) Member Rewards Program

The Jefferson Health Plans' member rewards program encourages Health Partners (Medicaid) and KidzPartners (CHIP) members to complete targeted health condition management and preventive health care activities. Many of these health activities are tied to current measures included in our Provider Quality Care Plus (QCP) and Maternity Quality Care Plus (MQCP) programs.

All Health Partners (Medicaid) and KidzPartners (CHIP) members are automatically enrolled in member rewards and can earn rewards for completing certain health activities. We encourage providers to explain the benefits of annual checkups, preventive screenings and disease management activities to their patients. Most reward activities require claims to be submitted for members to receive rewards. Members can only get rewards for health activities completed in 2024. Members can visit [HPPRewards.com](https://HPPRewards.com) to register, view and redeem their rewards. For more information and a list of rewards for 2024, visit the Member Rewards Program section of the Provider Website at [HPPlans.com/rewards](https://HPPlans.com/rewards).

## Medicare Wellness Rewards Program

Jefferson Health Plans will continue to offer Wellness Rewards, our Medicare member rewards program, to all Jefferson Health Plans Medicare members in 2024. Wellness Rewards incentivizes Medicare members to complete specific health-related activities in 2024 to earn money on a reloadable card. **Please note that our Medicare rewards program is different from our Medicaid/CHIP rewards program.**

The Wellness Rewards medication adherence activities and preventive health screenings are tied to current Quality Care Plus (QCP) measures. **Leveraging the Wellness Rewards program and encouraging your patients to complete these activities can help you improve your performance on these QCP measures.**

To ensure that your Jefferson Health Plans Medicare patients are rewarded for their completed activities, please submit claims timely and accurately.

Please refer to the 2024 Medicare Wellness Rewards Program Letter in the provider portal for additional details and eligibility requirements. This information can also be found [here](#). If you have any questions about the Wellness Rewards Program, please contact your Provider Relations Representatives.



## Hepatitis C: Screening and Treatment

An estimated 2.4 million people in the United States were living with hepatitis C virus (HCV) during 2013–2016. More than half of people who become infected with HCV will develop chronic infection including cirrhosis and liver cancer (hepatocellular carcinoma).

### Testing for HCV infection

The Centers for Disease Control and Prevention (CDC) now recommends **universal hepatitis C screening for all U.S. adults and all pregnant women** during every pregnancy, except in settings where the prevalence of HCV infection is <0.1%. Learn more about who should be tested for HCV infection [here](#).

### Diagnosing HCV infection

Clinicians should use an HCV antibody test followed by an HCV RNA test when antibody is positive/reactive to diagnose current HCV infection.

Please click [here](#) for a table on the interpretation of results of tests for HCV infection and further actions. A positive test for HCV RNA is needed before a patient can be diagnosed with current HCV and begin receiving treatment.

The CDC recommends that people who are diagnosed with hepatitis C be provided:

- Medical evaluation for chronic liver disease, including treatment and monitoring
- Hepatitis A and hepatitis B vaccination
- Screening and brief intervention for alcohol consumption
- HIV risk assessment and testing

### Treating HCV infection

Apart from pregnant women and children under 3 years of age, people with acute hepatitis C should be treated for their infection. There is no need to wait for potential spontaneous viral resolution. Over 90% of people infected with HCV can be cured of their infection, regardless of HCV genotype, with 8–12 weeks of oral therapy. Treatment guidelines are available [here](#).

Jefferson Health Plans covers generic Epclusa (sofosbuvir-velpatasvir) 12-week and Mavyret 8-week treatment. For Health Partners Medicaid and KidzPartners (CHIP), no prior authorization is required if the prescription is processed through one of our in-network specialty pharmacies. Please visit [our website](#) to see a list of our in-network specialty pharmacies. Prior authorization is required for Jefferson Health Plans Medicare and our Individual and Family Plans.



## Controlling Hypertension with Self-Monitoring Blood Pressure Cuffs

According to the [Public Health Informatics Institute](#), nearly half of adults in the United States have high blood pressure (BP) or are taking medication for hypertension, and less than a quarter of adults with hypertension have their condition under control. Hypertension is a preventable risk factor for heart disease and stroke and is one of the most common chronic conditions among the Jefferson Health Plans' adult population.

Self-monitored blood pressure readings, with clinical support, is an evidence-based strategy that has been shown to lower blood pressure and improve control in persons with hypertension.

Randomized-controlled trials have shown that self-monitored blood pressure predicts cardiovascular morbidity and mortality better than

office BP measurements. Using self-monitoring to guide you in diagnosing and treating hypertension will likely produce better outcomes than using office blood pressure readings alone.

Self-monitoring also provides more BP readings over a longer period of time, which better represents what a patient's true blood pressure is.

### Coverage for Self-Monitoring BP Cuffs

Blood pressure cuffs are a covered item for Medicaid and Medicare patients with hypertension. A prescription for the equipment is required. As a provider, you can complete and submit a blood pressure cuff referral form when appropriate:

#### Medicaid:

- Members must be 18 years of age or older OR pregnant.
- Use the blood pressure cuff form and follow the instructions located on [HPPlans.com/forms](https://www.hppplans.com/forms).

#### Medicare:

- Blood pressure cuffs will be offered to members with uncontrolled hypertension. A doctor must recommend that a member needs these items. Limitations may apply.
- Jefferson Health Plans also offers a supplemental benefit of telemonitoring for DM/CHF/HTN.

We encourage you to provide guidance to your patients on the proper use of the blood pressure cuff along with how often to take a blood pressure reading and 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.

Please see [here](#) for an infographic on how to take blood pressure to share with your patients.







# Antibiotic Stewardship

The Centers for Disease Control and Prevention (CDC) [define 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 must incorporate prescribing guidelines into their practices to decrease the amount of antibiotics prescribed, which in turn may improve outcomes of their patients. The CDC published [The Core Elements of Outpatient Antibiotic Stewardship](#), which offers providers a checklist that highlights the core elements for prescribing antibiotics in an outpatient setting. The four elements are as follows:



 <b>COMMITMENT</b>	 <b>ACTION</b>	 <b>TRACKING AND REPORTING</b>	 <b>EDUCATION AND EXPERTISE</b>
<ul style="list-style-type: none"> <li>• The provider should write and display in their office(s) an easy-to-understand explanation of their commitment to antibiotic stewardship. This may facilitate discussion with their patients about the meaning of antibiotic stewardship.</li> <li>• The provider should educate their staff so they will understand why antibiotic stewardship is important to patient safety.</li> </ul>	<ul style="list-style-type: none"> <li>• Use evidence-based practices to guide treatment.</li> <li>• Use delayed prescribing practices if the patient could benefit from watchful waiting. Symptoms can be treated during the waiting period.</li> <li>• Make sure staff understands the process for delayed prescribing.</li> </ul>	<ul style="list-style-type: none"> <li>• Track prescribing practices of the clinical staff to see if antibiotic prescribing practices improve.</li> <li>• Prescribers should take continuing medical education modules to further their understanding of antibiotic prescribing.</li> </ul>	<ul style="list-style-type: none"> <li>• Practice patient education so they understand the reasoning for not prescribing an antibiotic, including overusage and the difference between viral and bacterial illnesses.</li> </ul>

For more information, please review the CDC’s current report, [“Antibiotic Use in the United States, 2023 Update: Progress and Opportunities”](#) and the CDC’s [Be Antibiotics Aware Partner Toolkit](#), featuring newsletters and patient education.





## Advance Care Planning

Have you discussed the importance of Advance Care Planning (ACP) with your patients?

ACP is one of the most important conversations you can begin during a wellness visit to help support patient autonomy, facilitate decision making and better care at the end of life. Voluntary ACP is a face-to-face service between the physician (or other qualified health care professional) and a patient discussing advance directives with or without completing relevant legal forms.

**Examples of advance directives include:**

- ✓ Living wills
- ✓ Instruction directives
- ✓ Health care proxy
- ✓ Health care power of attorney

For more information, please contact the Provider Services Helpline.

## Preconception Healthcare and Counseling

Preconception care is individualized care for people considering pregnancy, focusing on reducing morbidity and mortality for the patient and the fetus. This increases the chances of conception for planned pregnancies and provides contraceptive counseling to help prevent unintended pregnancies.

Traditionally, preconception care has focused on patients planning a pregnancy and has primarily been delivered at the wellness/preventive care visit. However, since 45% of U.S. pregnancies are currently reported as unintended at the time of conception, the timing of addressing preconception risks poses a challenge.

Despite decreases in pregnancy-related deaths globally, pregnancy-related deaths in the United States have increased. Birth outcomes in the United States are comparatively worse than in many other countries, including high-and low-income countries. Disproportionate racial and ethnic disparities also persist for pregnancy-related morbidity and mortality.



For recommendations and further information on preconception care, please visit the following resources:

- [American College of Obstetricians and Gynecologists \(ACOG\)](#)
- [American Society for Reproductive Medicine \(ASRM\)](#)
- [American Academy of Family Physicians \(AAFP\)](#)

## Childhood and Adolescent Immunizations

According to the Centers for Disease Control and Prevention (CDC), on-time vaccination throughout childhood is essential because it helps provide immunity before children are exposed to potentially life-threatening diseases. The health, safety and well-being of children is of primary concern for healthcare providers. As trusted professionals, healthcare providers often serve as a resource for new parents and families. One of the ways that healthcare professionals can help ensure that children are healthy is to encourage families to follow the childhood immunization schedule.

The CDC has a recommended childhood immunization schedule that identifies the vaccines children need based on their age. 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). Please click here to view the most updated childhood immunization schedule.

Jefferson Health Plans would like to ensure that all providers are communicating the importance

of childhood immunization.

Jefferson Health Plans encourages providers to vaccinate patients or recommend that patients be vaccinated. As a reminder, Jefferson Health Plans covers all vaccinations for all members, including the flu and coronavirus vaccination. As healthcare providers, one of Jefferson Health Plans' primary goals is to ensure our youngest members receive the preventive care they need. If you have any questions or concerns with getting your pediatric patients in for vaccinations, please contact the Healthy Kids Department at **215-967-4690**.

## Pharmacy Formulary Changes

### Jefferson Health Plans – Medicare 2024 Updates

See below for the most recent formulary, prior authorization, quantity limit and age edit updates for Health Partners Medicare:

- [Pennsylvania & New Jersey: HMO and PPO Plans](#)
- [Pennsylvania: SNP Plans](#)

### Health Partners – Medicaid 2024 Updates

See below for updates to the Pennsylvania Statewide PDL for 2024:

Drug Class Additions:

- Continuous Glucose Monitors
- Tubeless Insulin Delivery Devices

Changes from Preferred (PRD) Status to Non-Preferred (NPD) Status (note: Non-Preferred drugs require prior authorization):

- Cinvanti Vial
- Esbriet Cap\*
- Pirfenidone Tab\*
- Idelvion
- Clonidine ER 0.17 mg Tablet
- Valcyte (valganciclovir) Solution
- Relenza Inhalation
- Glucagon Emergency Kit
- Byooviz
- Gilenya Cap\*
- Mesalamine Enema Kit

Drugs where brand name product is Preferred (generic is Non-Preferred):

- Apriso ER
- Amitiza
- Butrans patch
- Cellcept Suspension
- Durezol
- Elidel
- Emtriva
- Nexium packets
- Nuvaring
- Retin-A cream, gel
- Revatio suspension
- Revlimid
- Sutent
- Symbicort

For the most up-to-date information regarding our formularies, please visit our [online formulary](#).

### KidzPartners – CHIP 2024 Updates

See below for the most recent formulary, prior authorization, quantity limit and age edit updates for KidzPartners:

- [CHIP \(KidzPartners\)](#)



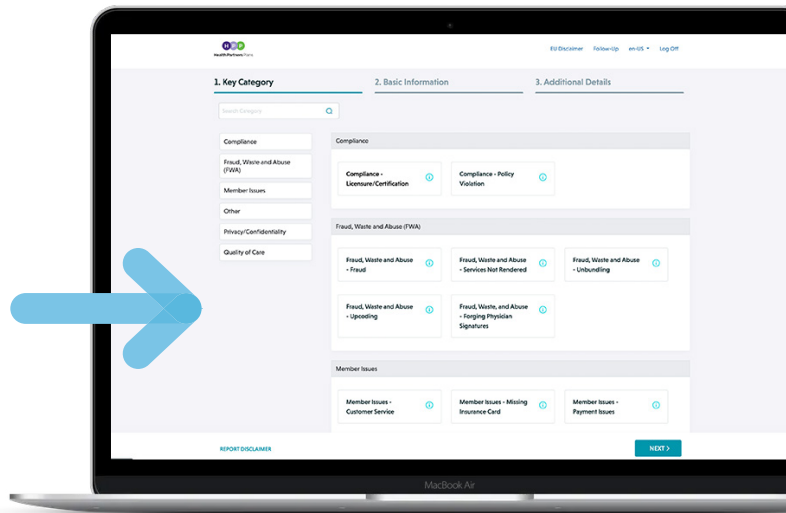
# Compliance Information

## Tips for Preventing Fraud

Help prevent fraud by making sure that you are providing services to the actual Jefferson Health Plans member. Ask members for picture identification in addition to checking their Jefferson Health Plans' member ID card. This will help prevent non-members from using stolen or lost member insurance ID cards.

Providers may continue to use the same phone number (1-866-477-4848) or [this website](#) to report potential FWA. You may also report potential FWA issues to regulators or law enforcement:

- **OIG Hotline:** 1-800-HHS-TIPS (1-800-447-8477)
- **CMS Hotline:** 1-800-MEDICARE (1-800-633-4227)
- **DHS Hotline:** 1-866-DPW-TIPS (1-866-379-8477)



## Preclusion Check Information for Providers

Both Pennsylvania (and other states) and the federal government maintain preclusion/exclusion lists that contain names of people and/or entities which are excluded from receiving payment made using state or federal funds.

### What does this mean to you?

As a provider of services to Jefferson Health Plans' members, you are receiving state and/or federal funds.

There is a prohibition on payments by federal healthcare programs (which includes state programs that receive federal dollars) for items or services furnished by an excluded person or at the medical direction or on the prescription of an excluded person. Additionally, providers must not pay, contract with or employ an excluded person when that person might be excluded.

This obligates your practice to run prior to hire and monthly checks against three exclusion lists for all staff, including practice owners, agents and managing employees.

The preclusion check obligation also includes vendors, consultants and employees associated with the medical practice. With vendors, you should check the vendor for exclusions and include in your contracts the requirement that the vendor must check their owners and employees, and to notify you as soon as they know that they have an excluded person employed.

### What are the exclusion lists?

There are two federal exclusion checks: the Office of Inspector General's (OIG) [List of Excluded Individuals/Entities \(LEIE\)](#) and the Excluded Parties List System (EPLS), which has now been incorporated into [System for Award Management \(SAM\)](#).

Pennsylvania's preclusion list is called [PA Mediceck](#).

### What if I don't perform these checks?

The key terms to be aware of are **if you know of or should have known** that someone you are paying is

excluded from receiving payment using federal or state monies, you would be subject to a fine called a civil monetary penalty (CMP) or possible prosecution by the HHS OIG. Fines and prosecution may be mitigated by terminating employment immediately and self-reporting to Jefferson Health Plans and the OIG as soon as you find out that you have been employing someone who has been precluded.

### What if I have been precluded in the past, can I be eligible again?

Yes, not all exclusions are lifetime exclusions. They often have an end date. However, just because the exclusion has ended doesn't mean that you are automatically eligible to receive payments using federal or state monies. A provider must apply for reinstatement to Medicare and obtain a Medicaid Medical Assistance Identification Number (MAID) to resume providing services and submitting claims directly, or indirectly, which will be paid for using federal or state dollars.

## Policy Bulletin Updates

Jefferson Health Plans has made recent changes to areas in several policy bulletins, including the following:

- **RB.032.A Adjudication of Claims from Non-Participating Medicaid Providers:** *New*
- **RB.034.A Adjudication of Claims from Non-Participating Medicare Providers:** *New*
- **RB.035.A Preventive Care Services (Individual and Family Plan):** *New*
- **RB.038.A Professional Telehealth Services (Individual and Family Plan):** *New*
- **DR.002.E Intravenous Immune Globulin (IVIG):** Policy revised. Prior Authorization criteria was updated.

For more information on policy changes and the latest policy bulletins, please visit the [Policy Bulletin Library](#).

## Cultural and Linguistic Requirements and Services for members with Limited English Proficiency (LEP)

Cultural competency is one of the main ingredients in closing the disparities gap in healthcare. 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

Participating providers are required, by law, to provide translation and interpreter services (including American Sign Language and TDD/TTY services) at their practice location, at the provider's cost.



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

Please click [here](#) to learn more about cultural competency and health disparities or review Jefferson Health Plans' on-demand e-learning course: Cultural Competency and Linguistic Requirements and Services.