

Provider Check Up



EMPOWERING PATIENTS FOR A HEALTHY SEASON

As we head into a new season, we have a new batch of exciting updates and information to help you provide the highest quality care to our members.

Inside of this issue of Provider Check Up, you'll find:

- Important patient reminders to help them get the most of their Jefferson Health Plans benefits and member rewards.

- Helpful online health and wellness tools to empower your patients to take charge of their well-being.
- Strategies to support oral health equity, ensuring your patients have access to the care they deserve.

Thank you for your continued partnership and for providing the highest quality of care to our members.



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Change Healthcare Cybersecurity Incident Update

On February 21, 2024, Change Healthcare alerted Jefferson Health Plans and all other insurers, providers, and impacted parties, about a cybersecurity incident that disrupted Change Healthcare’s ability to deliver services.

This impacted providers who use Change Healthcare to send member eligibility verifications, 835/837 files, and paper-to-electronic claims scanning.

We have been working diligently with our internal business partners and Smart Data Solutions (SDS) to implement alternatives to these services. On March 13, connectivity was established with SDS for claims submissions.

Providers may sign up through the SDS provider portal by emailing SDS directly: stream.support@sdata.us. Please visit our website for FAQs and the latest updates.

Mark Your Calendars: Free 2024 Webinars

Join us for the following complimentary webinars, focused on strategies to boost patient engagement and promote wellness.

Register for any of our webinars online [here](#). Miss a session? No problem! Our webpage also contains recordings of previous webinars and trainings.

TOPIC	DATE	TIME
Provider Annual Orientation and Training – 2nd Quarter	Wednesday, June 19	12:30
Member Satisfaction and Customer Service: JHP Learning Series 1 – Rethinking Access	TBD	
HPP Quality Corner: How to Improve Adult Wellness Scores	TBD	
Cultural Competency and Disparities in Healthcare	Wednesday, July 17	12:00
D-SNP Plan MOC Medicare Training	Thursday, July 25	12:00
Member Satisfaction and Customer Service: JHP Learning Series 2 – Professionalizing Customer Service	TBD	
Quality Best Practice Forum – Lunch and Learn	TBD	



As additional trainings are made available, they will be added to our provider webpage.

Please check back frequently for future updates!



Obstetrical Needs Assessment Forms (ONAF) Reimbursement

Jefferson Health Plans offers a reimbursement program for the submission of Obstetrical Needs Assessment Forms (ONAF). This incentive is available to all OB providers within our network. Providers are eligible for a maximum of \$200 total incentive for submission of **one** complete prenatal *and* **one** complete postpartum ONAF form.

FORM	REIMBURSEMENT
Prenatal/Initial ONAF	\$125
Postpartum/Final ONAF	\$75

Please visit our [website](#) for more information.

HEDIS Highlights

Kidney Health Evaluation for Patients with Diabetes

Did you know? Diabetes and high blood pressure are the most common causes of kidney disease. Preventive measures like adequate control of blood sugar and blood pressure can help lower the risk of developing kidney disease and prevent or delay further damage.

Kidney Health Evaluation for Patients with Diabetes (KED) is an important HEDIS measure that tracks the percentage of diabetic patients who receive a kidney health evaluation. KED was also added in Measurement Year 2024 as a Medicare STARS measure and may be added as a potential QCP measure next year. It's important to know the KED measure specifications, learn how to code appropriately, and understand how to improve your performance in this measure.

Here are some examples of best practices:

- Review diabetic services needed at each office visit and order as necessary.
- Educate patients on the importance of medication adherence and attending follow up appointments to monitor interventions.
- Ensure that both an eGFR and uACR are ordered at the beginning of each year. Each test can be performed on the same or different date of service, but should be performed in the same measurement year.
- Remind patients to complete ordered labs at least a week in advance of their scheduled appointment.

Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)

The HEDIS WCC measure assesses children 3 to 17 years old who had a visit with their PCP – or in some cases, their OB/GYN – and received the following care:

- Calculating and recording BMI percentile
- Counseling for nutrition
- Counseling for physical activity

Parents and caregivers can help their children start good habits early in life that may carry throughout the child's life. You can help remind parents of the importance of proper nutrition and exercise. This advice benefits the whole family!

[Penn State's 5210 Healthy Children Campaign](#) is an easy way to remind families and patients of the importance of healthy nutrition and activity. Recommend that patients and their families strive for these goals each day:

- 5 or more servings of fruits and vegetables
- 2 or fewer hours of screen time
- 1 or more hours of activity
- 0 sweetened beverages

You can refer to the [HEDIS Hints](#) section of our website to learn more.

Quality Management Provider Referral Line

In accordance with the Pennsylvania Department of Human Services (DHS) and Centers for Medicare & Medicaid Services (CMS) requirements to ensure the highest quality of care for our members, our Quality Management Department must identify, track, and follow up on the following:

- ✓ Preventable Serious Adverse Events (PSAE)
- ✓ Healthcare Acquired Conditions (HCAC)
- ✓ Other Provider Preventable Conditions (OPPC)

All calls will remain confidential and will be verified by our Quality Management team. Jefferson Health Plans reserves the right to retract payments made for events that are deemed preventable.

We offer a toll-free anonymous provider reporting line to identify and track such events that are deemed preventable, serious, and adverse. To report an event, call **1-855-218-2314** with the following information:

- Member name, health plan ID#, and/or date of birth
- Date of event
- Description of event
- Location where event occurred

Member Rewards Reminders

Health Partners Plans Medicaid and CHIP Member Rewards

Our member rewards program encourages Health Partners Plans Medicaid and CHIP members to complete targeted health condition management and preventive healthcare activities. Many of these activities are tied to current measures included in our Provider Quality Care Plus (QCP) and Maternity Quality Care Plus (MQCP) programs. We encourage providers to explain the benefits of annual checkups, preventive screenings, and disease management activities to their patients.

All Health Partners Plans Medicaid and CHIP members are automatically enrolled in member rewards. Most reward activities require claims to be submitted for members to receive rewards. Members can only receive rewards for health activities completed in 2024. Members can visit [HPPRewards.com](https://www.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 our Provider Website: [HPPlans.com/rewards](https://www.HPPlans.com/rewards).



Jefferson Health Plans Medicare Wellness Rewards

Jefferson Health Plans will continue to offer Wellness Rewards to all Jefferson Health Plans Medicare members in 2024. Wellness Rewards incentivizes Medicare members to complete specific health-related activities 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 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. Please submit claims timely and accurately to ensure that your Jefferson Health Plans Medicare patients are rewarded for their completed activities.

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 Representative.

Immunization Recommendations & Reporting

Immunizations, including the annual influenza vaccine, are an important part of preventive medicine for all ages, from infants to elderly patients. Speak to patients and caregivers about the recommended vaccines for their age group. If you are administering vaccinations to your patients, please remember to document them. Many EMR systems have vaccine administration sections for your use. For example, Immunize.org offers vaccine administration records for adults and children:

- [Vaccine Administration Record for Adults](#)
- [Vaccine Administration Record for Children and Teens](#)

You can find the latest immunization updates in our [Preventive Care Guidelines](#).



Screening for and Supporting Patients with Bladder Control Issues

Seniors who experience urinary incontinence may socialize less and become less independent. Some adults report worse physical health, mental health, and quality of life. Adults may be uncomfortable and embarrassed to discuss this topic with their doctors; however, addressing bladder control issues with patients and suggesting procedures and programs that have been proven effective can help reduce symptoms. Early detection and management of bladder control problems can significantly improve a patient's quality of life.

Who should be screened?

Patients 65 or older, especially those with a history of urine leakage in the past six months and/or who received treatment for incontinence during the year, are good candidates to screen for bladder control issues.

How can I help support my patients?

- Initiate the discussion of bladder control with patients and ask if it has affected their daily life or sleep, along with the screening questions below.
- Recommend behavioral interventions like bladder training exercises and discuss treatment options.
- Inform patients there are various ways to manage incontinence, including lifestyle modifications, medications, and potentially referral to a urologist for surgery.
- If you determine a patient would benefit from seeing a urologist, kindly refer your patient. Please note, referrals are not required for Jefferson Health Plans Medicare members.
- Use a screening tool to determine if chronic urinary incontinence is present. Remember to submit CPT II code 1090F upon completion of a bladder control assessment on Jefferson Health Plans Medicare members.



Suggested screening questions

1. In the past six months, have you experienced leaking of urine?
2. Do you often feel the sudden urge to go to the bathroom?
3. Are you leaking urine before you get to the bathroom?
4. Are you going to the bathroom more often than you used to?
5. Are you waking up from sleep to go?
6. Have you discussed treatment options with a doctor or another provider?



Referring Members for Care Management Services

We strive to meet the needs of all our members by working closely with our providers to help families navigate the healthcare system. We have a dedicated Care Management team that assists both members and providers by addressing various care needs, including Social Determinants of Health (SDOH)..

Medicaid and CHIP Programs			
BABY PARTNERS	CARE COORDINATION	SPECIAL NEEDS UNIT	HEALTHY KIDS
Our maternity program assists moms-to-be, from prenatal to post-delivery, and connects the newborn to their first well-child visit.	Services designed for adults and children with multiple comorbidities, including physical and behavioral care needs.	Links members, physicians, agencies, community services, and staff.	For children and young adults up to age 21, Healthy Kids helps with lead screening follow-ups and links to preventive care services, such as dental care and immunizations.

How can I refer a patient?

Jefferson Health Plans proactively reaches out to members who may benefit from care management services. You can refer any of your patients for care management support by calling us at **1-800-500-4571, option #2**. All programs are voluntary, and members can opt out at any time.

Please note the following to ensure that we are meeting clinical standards:

1. Members under the age of 21 who are SSI eligible will be assessed for medical necessity of case management services during their initial PCP appointment, within the first 45 days of enrollment.
2. If the PCP finds that case management services are indicated, the PCP will refer the member to the Jefferson Health Plans Clinical Programs team via telephone.



Complex Care Solutions for In-Home Assessments

Jefferson Health Plans has contracted with Complex Care Solutions (CCS) Interventions Operations, a subsidiary of Inovalon, to complete in-home and telehealth assessments for our members. We also partner with Stellar Health, who offers a free web-based platform designed to help targeted primary care providers close patient diagnosis gaps for our Medicare and Medicaid members.

Please visit our [website](#) for more information on both of these programs.



Discussing Advance Care Planning with Patients

Advance care planning (ACP) is one of the most important conversations you can have during a wellness visit. Discussing ACP helps support patient autonomy and facilitates decision-making and better care at the end of life. Voluntary ACP is a face-to-face service between the physician (or other qualified healthcare 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.



Connecting Patients with Meals as Medicine

We're committed to empowering our members with the tools they need to achieve their best health. Since 2015, we've partnered with MANNA to offer free, medically tailored meals for Medicaid members facing complex health needs, including those with high-risk pregnancies. This partnership has been successful, with members reporting a better understanding of how diet impacts their disease conditions, improved weight management, and increased engagement in their healthcare journey.

Who can benefit?

We encourage you to refer Health Partners Plans Medicaid members who meet the eligibility criteria (available on [our website](#)) to the MANNA program. This free, 12-week program provides medically tailored meals with the option for a six-week renewal based on individual progress.

Referring a patient is easy.

Access our MANNA referral form at HPPlans.com/MANNA. Complete the form and email it to clinicalconnections@hplans.com. We will handle the rest, assigning the member to Case Management services, and referring them to MANNA for meal services. We will also provide you with an acknowledgement letter with the assigned case manager's details. If you would like to discuss a specific patient, please contact our Clinical Programs team at **215-845-4797**.

2024 Formulary Updates

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

Medicare

Formularies:

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

Formulary Changes:

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

Medicaid & CHIP

Formularies:

- [Medicaid Formulary](#)
- [CHIP Formulary](#)

Formulary Changes:

- [Pharmacy Bulletin #170](#)
- [Pharmacy Bulletin #171](#)

Preferred Long-Acting Reversible Contraception (LARC) Overview

Preferred Long-Acting Reversible Contraception (LARC) devices are implanted hormonal birth control administered by a healthcare provider. LARCs are long-acting, meaning they work within the body for 3-10 years or more, depending on the birth control brand.

In addition to oral contraceptives, vaginal rings, and patches, Health Partners Plans Medicaid provides coverage for LARCs to our Medicaid members. Drug-specific benefit and coverage information can be found on the Preferred Drug List (PDL) under the Pharmacy Benefit and are available from the pharmacy with a provider's prescription. For LARCs, the pharmacy can help coordinate delivery services to your office.

Preferred LARCs on our Medicaid Preferred Drug List:

- ✓ Mirena IUD
- ✓ Skyla IUD
- ✓ Liletta IUD
- ✓ Kyleena IUD
- ✓ Nexplanon Implant
- ✓ Paragard Intrauterine Copper IUD

Please visit [our website](#) for more information and the full PDL.



2024 Medicare Part D Benefit Updates

Effective January 1, 2024, Jefferson Health Plans covers prescriptions for up to a 100-day supply of brand and generic medication (except for Specialty Tier 5/Non-Extended Day Supply medication) for Medicare members.

Here's how it works:

- The benefit is available through all participating network pharmacies.
- State and federal quantity limitations apply.
- 100-day supplies do not apply to Long Term Care.
- Medicare members typically pay a maximum of two copays for a 100-day supply of medication (exact copays for 100-day supplies vary based on Low Income Subsidy)

Plans with Tier 6 offer Select Care Drugs for a \$0 copay through all coverage phases, including the coverage gap. Tier 6 includes generic STARs adherence medications, plus 3 brand medications: Januvia, Jardiance, and Trulicity.

Please visit [our website](#) for more information.

Statin Therapy for Heart Disease Prevention

Heart disease is a leading cause of death for people in the United States. Statin therapy has been shown to decrease the buildup of plaque in blood vessels, which can reduce the risk of life-threatening complications and minimize the risk of atherosclerotic cardiovascular disease (ASCVD).

Patients with diabetes are twice as likely to have heart disease; increased glucose levels in blood vessels can lead to damage of blood vessel walls and nerves that allow the heart to function properly. Since heart disease is one of the most common complications of diabetes, taking statins to lower cholesterol levels can be key in preventing heart disease. You can help decrease this risk by following the U.S. Preventative Services Task Force (USPTF) recommendation on statin therapy – prescribing

a statin for adults aged 40–75 with ≥ 1 CVD risk factor (hypertension, dyslipidemia, diabetes, smoking) and calculated 10-year ASCVD risk of $\geq 10\%$

Statin Therapy HEDIS Measures

There are two HEDIS measures related to statin therapy:

1. Statin Therapy for Patients with Cardiovascular Disease:

Assesses adults who have clinical ASCVD and who received and adhered to statin therapy.

2. Statin Therapy for Patients with Diabetes: Assesses adults 40–75 years of age who have diabetes and who do not have clinical ASCVD, who received and adhered to statin therapy.

The following are examples of some statin medications based on intensity:

LOW INTENSITY	MODERATE INTENSITY	HIGH INTENSITY
–	Atorvastatin 10-20 MG	Atorvastatin 40-80 MG
–	Rosuvastatin 5-10 MG	Rosuvastatin 20-40 MG
Simvastatin 5-10 MG	Simvastatin 20-40 MG	Simvastatin 80 MG
Pravastatin 10-20 MG	Pravastatin 40-80 MG	–
Lovastatin 10-20 MG	Lovastatin 40 MG	–



Dental Dispatch

How You Can Support Oral Health Equity

Everyone deserves an opportunity to have good oral health. Unfortunately, studies have shown that people of color and of lower socioeconomic status have a disproportionate amount of unmet dental needs.

[CareQuest Institute for Oral Health](#) found that:

- The lower a person's income, the more likely they are to have an oral health problem.
- Black and Hispanic adults were less likely to have had a dental visit in the last year when compared to white adults.
- Only one in 4 young children enrolled in Medicaid receive early dental care despite

recommendations to have their first dental appointment by the age of 1.

- 52% of Black adults report having lost one or more teeth compared to the overall adult population of 43%.

What Can You Do?

Everyone in the healthcare system can contribute to improving oral health equity. Providers can lower barriers to care by making sure that culturally sensitive patient materials are available and easy to access. Explaining the importance of preventive dental services in language that is easy to understand can help with compliance.

[The National Library of Medicine](#)

has free dental health patient resources in various languages.

Providers should have access to data on demographics and social determinants of health that could prevent a person from receiving proper dental care. Being aware that disparities exist in different populations of people and helping to provide appropriate resources is the first step to improving oral health outcomes.

Please visit [our website](#) for additional information on oral healthcare. Members can also access free oral healthcare tools through a self-led training module, also available on [our website](#).

Policy & Notice Reminders

Confirm Demographic Information & Enrollment Status

Providers should check the DHS PROMISe system on a routine basis to confirm demographic data, including all service locations/revalidation dates, to ensure their information is current and that they have 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@hplans.com.

Revised Drug Policy, Medical Assistance Links

Effective March 22, 2024, Jefferson Health Plans implemented a revised drug policy for DR.013.B Relizorb® (immobilized lipase) Cartridge®. For more information, [click here](#).

Jefferson Health Plans reminds you of the resources available on the Department of Human Services (DHS) website. This [link](#) will guide you to a listing of numerous documents that contain helpful tips for Medical Assistance providers and their staff. You may also use this [link](#) to view bulletins that have been issued by the various Program Offices within DHS.

Requirements for Medical Records Documentation Standards

Log your notes promptly to keep your documentation current and reflective of services rendered. Completing service notes much later than the date of the appointment can result in errors in the documentation. Late entries may be viewed as inauthentic or potentially fraudulent.

CMS recommends that "the service should be documented during or as soon as practicable after it is provided in order to maintain an accurate medical record." While there is not a specifically regulated time frame, notes may not be as thorough when entered a week after the patient visit. The more time that lapses between the visit and the notes, the more likely that information may be forgotten.

Information contained in your notes should include:

- Reason for visit
- Assessment notes, including relevant clinical findings
- Progress from previous visit, if applicable
- Plan of action and information given to the patient
- Actions taken, including any written prescriptions, and follow up that is needed

Refer to the [Jefferson Health Plans Provider Manual Appendix \(Chapter 16\)](#) for additional information on Medical Record Documentation Standards.



Cultural Competency Requirements

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

Cultural competency is key to 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.

Support and resources

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. Our Provider Services Helpline can assist providers 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. Proper management of compliance, privacy, or fraud issues is an essential tool for improving Jefferson Health Plans' services. It also enables us to take appropriate action to mitigate risks from happening again.

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

Additionally, you can visit [our website](#) for upcoming on-demand learning courses on cultural competency and health disparities.

Jefferson Health Plans Non-Discrimination Policy

Jefferson Health Plans recognizes the diversity of its members and offers services that are sensitive to these differences. Members enrolled in Jefferson Health Plans 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 to support risk reduction

To report a compliance, privacy, or fraud incident:

- Call the anonymous hotline: **1-866-477-4848**
- Email our Compliance team to report actual or suspected non-compliance: Compliance@jeffersonhealthplans.com
- Email our Privacy Office to report actual or suspected privacy or security concerns: PrivacyOfficial@jeffersonhealthplans.com
- Email the Special Investigations Unit (SIU) to report actual or suspected FWA concerns: SIUtips@jeffersonhealthplans.com
- Complete and submit allegations related to Compliance, Privacy, or FWA anonymously online using the [My Compliance Report](#) online reporting tool