

# Provider Check Up



Thank You for a Great 2024!

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

Your support is invaluable, and we appreciate your commitment to providing care for our members. We're excited for what 2025 has in store.

As we move forward, we're eager to continue building strong relationships with our provider network and ensuring you have the support you need to thrive. In this issue, you'll find the latest updates on education and training opportunities, along with important surveys and reporting guidelines to help keep our members receiving top-notch care.

As a reminder, in July of 2023 we launched Jefferson Health Plans as our official marketing name for certain Health Partners Plans, Inc. products. While the marketing

name was changed, our product names 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).

As we move into 2025, please take note of our product names and member ID cards. It is important to know the differences in the product names and applicable program when speaking to our members, your patients.

For more information on our products or to view current member ID cards, please visit our website <https://www.healthpartnersplans.com/providers>.

If you have any questions, please feel free to contact the **Provider Services Helpline at 1-888-991-9023** (Monday to Friday, 9 a.m. – 5:30pm).



# What's Inside

## PROVIDER NEWS

- 3 Free 2025 Webinars: Mark Your Calendars
- 3 Complete Our Access and Availability Survey Today
- 4 Congratulations to Our QCP High Performers!
- 4 Required Training Reminder: Register Today

## QUALITY OF CARE

- 5 Catch it Early: Maternal Early Warning Signs
- 5 Remind Your Patients to Earn with Medicare Wellness Rewards!
- 6 Protecting Your Patients: HCV Screening and Treatment
- 7 Measuring Success in Patient Outcomes
- 7 HEDIS 2025 Chart Review: Your Part in Ensuring Quality Care
- 8 Leading the Way to Recovery with COEs

## PHARMACY PULSE

- 9 Medicare Advantage Expands PrEP Coverage for HIV Prevention
- 9 Staying the Course: Beta-Blockers After Heart Attack
- 10 Formulary 2024 Updates
- 10 LARC Options for Reliable Birth Control
- 11 Shift Care Explained: How to Request Home Health Aide Support

## DENTAL CORNER

- 12 Understanding the Link Between Diabetes and Oral Health

## CLINICAL UPDATES

- 12 Care Coordination Made Easy

## POLICY & NOTICE REMINDERS

- 13 Cultural and Linguistic Requirements and Services for members with Limited English Proficiency (LEP)
- 13 Keep Your Provider Information Up to Date
- 14 Reporting an Issue of Compliance, Privacy, or Fraud
- 14 Policy Updates



## Free 2025 Webinars: Mark Your Calendars

Join us for free webinars covering a range of topics, including care strategies, Health Partners Plans and Jefferson Health Plans benefits, and more!

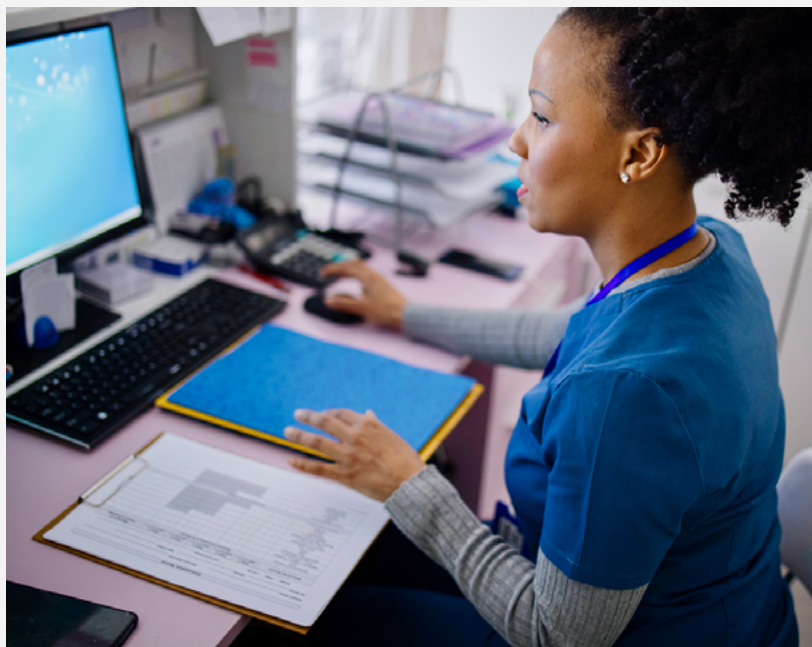
You can register for any of our webinars online [here](#). Can't attend live? Check out recordings of previous webinars available on our website.

New training sessions will be posted on the provider webpage as they become available – make sure to check back for updates!

## Complete Our Access and Availability Survey Today

We survey our network annually to check that providers are meeting the Access and Appointment Standards and Telephone Availability Standards. These are set by the DHS for Health Partners Plans Medicaid, and Health Partners Plans CHIP, and by CMS for Jefferson Health Plans Individual and Family Plans and Jefferson Health Plans Medicare Advantage members.

The [Access and Availability Survey](#) is live! Please complete the survey at your earliest convenience. As a provider, you have received an individual survey ID. If you need assistance, please contact: [providercommunications@jeffersonhealthplans.com](mailto:providercommunications@jeffersonhealthplans.com)



# Required Training Reminder: Register Today!

## Model of Care D-SNP (Special Needs Plan) Provider Training

Are you a provider who has at least one Jefferson Health Plans' Medicare Dual Special Needs Plan (D-SNP) member assigned to your practice? If so, the Centers for Medicare & Medicaid Services (CMS) requires that at least one person on your staff who is involved in the care of members complete our annual D-SNP Model of Care training module.

Please access the 10-minute training module through our online University here and complete it by December 10, 2024.

## Annual Orientation and Training

Register today for our upcoming Quarterly Provider Orientation and Training, designed for both new and existing providers. For more information on the webinar schedule and registration, click [here](#).



In addition to the live webinar, you may also complete the training on-demand through our online University [here](#). Please complete this required training by December 31, 2024.



## Congratulations to Our QCP High Performers!

Through our High Performer Recognition Program, we are proud to celebrate 15 practices for their outstanding performance in the QCP program for measurement year 2023. Congratulations to these practices for their commitment to high-quality care and for setting a standard of excellence!

Practice Name	Practice Type
Murali Pediatrics LLC- Cottman Ave	Pediatrics
Clinical Care Associates-Roosevelt Blvd.	Internal Medicine
Fair Hill Community Physicians - Lehigh	Family Medicine
Fair Hill Community Physicians - Hunting Park	Family Medicine
Esperanza Health Center, Inc.- N. 6 <sup>th</sup> St.	Family Medicine
Jonathan B Levyn DO PC- Sheffield Ave.	Family Medicine
Pizzica Pediatrics- Lehigh Ave.	Pediatrics
Temple Physicians, Inc.- Huntingdon Pike	Family Medicine
Aria Health Physician Services DBA Tillman Family	Family Medicine
Jonathan B Levyn DO PC- F St.	Family Medicine
Esperanza Health Center, Inc.- Allegheny Ave.	Family Medicine
The Ped & Adol Med Centers of Philadelphia	Pediatrics
Temple Physicians, Inc.- Old York Rd.	Family Medicine
Temple Physicians, Inc.- Old Bustleton Ave.	Family Medicine

## Catch it Early: Maternal Early Warning Signs

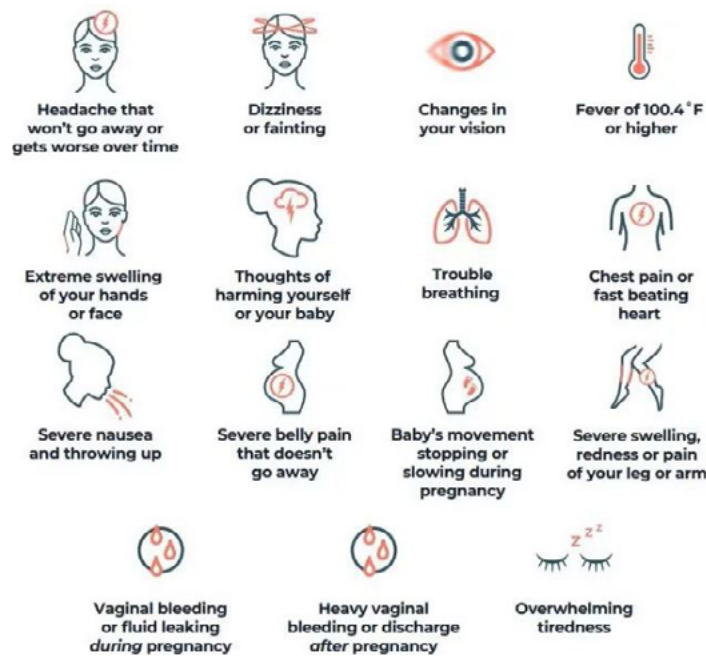
Help your patients recognize the warning signs of urgent maternal health concerns – it could save a life.

While deaths related to pregnancy are rare, too many individuals still die each year in the United States from pregnancy-related complications. In addition, American Indian, Alaska Native, Black, Native Hawaiian, and Pacific Islander women are more likely to die of pregnancy-related causes than White women.

In 2021, 1,205 women in the United States died of maternal causes, an increase from 861 in 2020 and 754 in 2019. This troubling rise is reflected in the maternal mortality rate, which reached 32.9 deaths per 100,000 live births in 2021, up from 23.8 in 2020 and 20.1 in 2019. Additionally, the rate for non-Hispanic Black women was 2.6 times higher than for non-Hispanic White women. Most of these pregnancy-related deaths are preventable.

To help reduce these numbers, it is essential to educate patients to:

- Be aware of urgent maternal warning signs and symptoms during pregnancy and in the year after delivery.
- Seek medical care immediately if they experience any of the warning signs or symptoms.
- Use the [Centers for Disease Control and Prevention \(CDC\) self-management tool](#) to help identify early warning signs.



## Remind Your Patients to Earn with Medicare Wellness Rewards!

Earlier this year, providers were notified about the Medicare Wellness Rewards program for our Medicare Advantage members. All members must complete eligible health activities, and rewards must be redeemed by December 31, 2024. This means you may see an increase in scheduled appointments towards the end of the year from members trying to complete activities to redeem rewards.

**Please note that our Medicare Wellness 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. To improve performance

on QCP measures, **leverage the Wellness Rewards program, and encourage your patients to complete these activities.** It's important to submit claims timely and accurately to ensure that your Jefferson Healthcare Plans Medicare Advantage patients are rewarded for their completed activities.

Click [here](#) for additional details and eligibility requirements or refer to the 2024 Medicare Wellness Rewards Program Reminder Letter on our website. Have questions? Contact the Provider Services Helpline at 1-888-991-9023 (Monday – Friday, 9 a.m. – 5:30 p.m.).

# Protecting Your Patients: HCV Screening and Treatment

Millions of people are living with hepatitis C virus (HCV). More than half of people who become infected with HCV will develop chronic infection, including cirrhosis and liver cancer. Most people with chronic HCV infection are asymptomatic with slowly progressing illness without any signs or symptoms for several decades, so it's important to make sure your patients have access to screening.

## 🔗 Testing for HCV infection

The Centers for Disease Control and Prevention (CDC) 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%:

- People who have injected drugs, shared drug preparation equipment, and people with HIV are among the many types of people recommended for one-time testing, regardless of age.

## 🔍 Diagnosing HCV infection

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

For your patients who test positive, or are currently diagnosed with HV, the CDC recommends providing a medial evaluation for chronic liver disease, hepatitis A and B vaccination, screening for alcohol consumption, and HIV risk assessment.

## 🔗 Treating HCV infection

Over 90% of people infected with HCV can be cured of their infection, regardless of HCV genotype, with 8–12 weeks of oral therapy. To learn more about treatment guidelines, click [here](#).

Jefferson Health Plans and Health Partners Plans offer coverage for HCV treatment, but treatment differs based on what plan your patient is a part of.

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



Medicare Advantage and Individual & Family Plans, prior authorization is required.

In January, we will provide a clinical presentation in partnership with Gilead titled HCV Treatment, Monitoring and Adherence

- Key presentation topics include:
- AASLD Simplified Treatment Guideline
- Minimal Monitoring Requirements
- Adherence and High Rates of Cure
- Treatment as Prevention to Eliminate HCV

More information on recommendations for testing, management, and treating hepatitis C are available from the [CDC](#) and [the American Association for the Study of Liver Diseases and the Infectious Diseases Society of America](#).

## References:

[https://www.cdc.gov/hepatitis-c/?CDC\\_AAref\\_Val=https://www.cdc.gov/hepatitis/hcv/hcvfaq](https://www.cdc.gov/hepatitis-c/?CDC_AAref_Val=https://www.cdc.gov/hepatitis/hcv/hcvfaq)

<https://www.hcvguidelines.org/>

<https://www.health.pa.gov/topics/Documents/Opioids/Vulnerability%20Assessment%20Report.pdf>

## Measuring Success in Patient Outcomes

The Transitions of Care (TRC) HEDIS measure evaluates patient engagement provided within 30 days after an acute or nonacute discharge on or between January 1 and December 1 of the measurement year. Medicare patients 18 years of age and older are included in this measure denominator, and patients in hospice or using hospice services are excluded. This measure has five sub-measures with the Star Rating Program.

- Notification of Inpatient Admission (*on the day of admission or the two following days*)
- Receipt of Discharge Information (*on the day of discharge or the two following days*)
- Patient Engagement After Inpatient Discharge (*within 30 days after discharge*)

- Medication Reconciliation Post-Discharge (*on the date of discharge through 30 days after discharge [31 total days]*)
- Average (*This sub-measure is the average of the compliance rates of the other four sub-measures. It is intended to help indicate overall TRC performance.*)

Patient Engagement After Inpatient Discharge and Medication Reconciliation Post-Discharge are both included as Medicare measures in our QCP Program. Providers can earn up to \$3.50 PMPM for high performance (Tier 4). A Transitions to Care HEDIS Measure [Overview](#) and a Medication Reconciliation Post-Discharge [Tip Sheet](#) were recently shared with providers and can be found on the Quality page of our website. These guides outline allowable



methods of documentation, coding guidelines and share best practices to help providers achieve optimal performance and ensure members are receiving the care they need after each discharge event.

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## HEDIS 2025 Chart Review: Your Part in Ensuring Quality Care

In early 2025, we will conduct our annual Healthcare Effectiveness Data and Information Set (HEDIS) chart reviews. Annual HEDIS reporting is required of all HealthChoices plans by The Pennsylvania Department of Human Services and is necessary to maintain our NCQA accreditation.

HEDIS does not specifically evaluate the performance of individual providers within our network but instead focuses on the health plan's performance.

To ensure this review project is an easy and safe process for your office and will cause the least amount of disruption to your daily operations, we have implemented the following:

- A representative from our Quality team will call your office to request records for review.
- We will fax your office a list of required records.
- We will request an email address, via a secure site, or fax the requested records to reduce traffic in your office.
- If necessary, our staff will make an appointment to visit your office in order to scan documentation into a secure laptop to avoid copying and transporting records.
- If your office uses electronic medical records, please contact Kim Maund, QM Specialist at [kmaund@jeffersonhealthplans.com](mailto:kmaund@jeffersonhealthplans.com) or 215-845-4788 to discuss chart collection options.

You may also call Terry McKeever, MS, BSN, RN, Director, Quality Management, at 215-991-4264 or Tina Pennypacker, BSN, RN, Manager, Quality Management at 267-385-3485 with any questions about this initiative.





## Leading the Way to Recovery with COEs

Opioid addiction affects millions of Americans and their families across all races and income levels. In 2022, an estimated 6.1 million people had an opioid use disorder, or OUD, according to the Centers for Disease Control and Prevention (CDC).<sup>1</sup>

As our members' trusted health partners, we want to help them get support and recovery services in a compassionate environment. Opioid Centers of Excellence (COE) for OUD were designed to engage the community identify all persons with OUD and support those with OUD. COEs coordinate care across multiple domains, including physical, mental, and behavioral health and social needs and offer a variety of services on-site, while others are made available to clients through community partners.

Although your patient can visit a COE without talking to you, your involvement helps increase the success of their recovery from opioid addiction. To help your patients find an Opioid COE, click [here](#).

### Resources for Prescribers

Because of the wide-reaching impacts of opiate addiction, Pennsylvania has a dedicated [Prescribing Guidelines](#) website on the safe and effective use of opioids in the treatment of pain. The CDC also has [Clinical Practice Guidelines for Prescribing Opioids for Pain](#).

Their recommendations are grouped into four areas for consideration:

1. Determining whether or not to initiate opioids for pain.
2. Selecting opioids and determining opioid dosages.
3. Deciding duration of initial opioid prescription and conducting follow-up.
4. Assessing risk and addressing potential harms of opioid use.<sup>2</sup>

Additional tools and resources like the Prescription Drug Monitoring Program (PDMP) and Standing Order Prescription for Naloxone are available to help you manage your patients. Visit the Department of Health web page to learn more.

If you have any questions, you can also contact the Provider Services Helpline at 1-888-991-9023, Monday–Friday, 9 a.m. to 5:30 p.m.

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### References:

<https://www.cdc.gov/overdose-prevention/prevention/preventing-opioid-use-disorder.html>

<https://www.cdc.gov/overdose-prevention/hcp/clinical-guidance/recommendations-and-principles.html>





## Medicare Advantage Expands PrEP Coverage for HIV Prevention

On September 30, 2024, CMS announced a new National Coverage Determination regarding Medicare Advantage coverage of PrEP for HIV prevention.

What's changing?

- Effective September 30, 2024, PrEP drugs and other related services to prevent HIV will be covered under Medicare Advantage Part B without cost sharing (i.e., no deductibles or co-pays).
  - PrEP drugs will move from Medicare Advantage Part D coverage to Medicare Advantage Part B coverage:
    - Emtricitabine 200 mg/tenofovir disoproxil fumarate 300 mg
    - Truvada® 200 mg/300 mg
    - Descovy® 200 mg/150 mg
    - Apretude (cabotegravir extended-release injectable suspension)
- \*Note: antiretroviral drugs used for HIV treatment will continue to be covered under Medicare Advantage Part D, even if these drugs are also used for HIV PrEP.*

To ensure your patients receive the right benefit coverage and \$0 cost-sharing at the pharmacy, please include an ICD-10 code (Z29.81: Encounter for HIV pre-exposure prophylaxis) on the prescription when prescribing a medication for HIV PrEP.

Please click [here](#) for additional guidance from CMS.

## Staying the Course: Beta-Blockers After Heart Attack

Beta-blockers are recommended for use after an acute myocardial infarction (MI) as long-term treatment to decrease the risk of having a secondary heart attack. When started early and continued long term, beta-blockers can reduce infarct size and decrease rate of mortality. Although patients who have had a previous MI may need extensive care and lifestyle changes, prescribing beta-blockers can significantly improve their overall heart health by lowering heart rate, contractility, and blood pressure, thereby reducing cardiac strain.

### Persistence of Beta-Blocker Treatment After a Heart Attack: HEDIS Measure

This measure assesses the percentage of members 18 years and older during the measurement year who were hospitalized and discharged between July 1 of the previous year and June 30 of the current measurement year with a diagnosis of acute myocardial infarction and



who received persistent beta-blocker treatment for six months after discharge.

For a list of beta-blockers covered on the Preferred Drug list, please visit the following: [State Preferred Drug List](#)

## Formulary 2024 Updates

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

### Jefferson Health Plans Medicare Advantage

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](#)

### Health Partners Plans Medicaid

See below for the most recent formulary, prior authorization, quantity limit and age edit updates for Health Partners Plans Medicaid.

Formulary: [Health Partners Plans Medicaid](#)

Formulary Changes:

- [Pharmacy Bulletin #172](#) (updated April 2024)
- [Pharmacy Bulletin #173](#) (updated July 2024)
- [Pharmacy Bulletin #174](#) (updated August 2024)
- [Pharmacy Bulletin #175](#) (updated September 2024)

### Health Partners Plans CHIP

See below for the most recent formulary, prior authorization, quantity limit and age edit updates for Health Partners Plans CHIP.

- [Health Partners Plans CHIP](#)

### Jefferson Health Plans Individual and Family Plans

See below for the most recent formulary, prior authorization, quantity limit and age edit updates for Jefferson Health Plans Individual and Family Plans

- [Jefferson Health Plans Individual and Family Plans](#)

## LARC Options for Reliable Birth Control

Long-acting reversible contraception (LARC) is a form of birth control that has become widely used to provide long-term pregnancy prevention. Depending on the product, LARCs can provide protection against pregnancy for 3-10 years. LARCs can come in two forms – ones that can be directly inserted into the uterus and ones that can be implanted into the arm. According to American College of Obstetricians and Gynecologists, LARC methods are 20 times more effective than birth control pills, the patch, or the ring. However, both the IUD and the implant do not protect against sexually transmitted infections or human immunodeficiency virus (HIV).

LARC options are covered through the Pharmacy benefit.

- Kyleena System
- Liletta System
- Mirena System
- Paragard T 380-A IUD
- Skyla System
- Nexplanon

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

We have renewed our collaboration with Stellar Rx™



to provide point-of-care dispensing of family planning medications. In addition, we will now be covering point of care dispensing of LARCs and other contraceptives through the Stellar Rx™ XpeDose system. If you have any questions, please contact the Stellar Rx™ Pharmacy Team (610-910-9580, option 1).

# Shift Care Explained: How to Request Home Health Aide Support

Shift Care can be considered when it is medically necessary for Medicaid members up until their 21<sup>st</sup> birthday. Shift Care can be considered for Home Health Aide (HHA) or Skilled Nursing levels of care. Services can be provided at home, school/daycare, or another community setting where care is required to manage the member's needs. If a member is 21 years or older, they can apply for a waiver through the state of Pennsylvania for services.

A Home Health Aide (HHA) is a trained professional who assists with Activities of Daily Living (ADLs) that the member would normally manage if they did not have a medical condition. HHAs can assist with ambulation, feeding, bathing, dressing, toileting, incontinence care, and personal care. However, it is important to note that there are restrictions to what HHAs can do. They cannot provide transportation, administer medication or Enteral Nutrition, make medical appointments, or manage behaviors, as they are not trained in behavioral health.

ADL requirements vary depending on the member's needs, developmental age, and level of assistance required. The developmental age should be considered when determining if assistance is necessary. For example, a 2-year-old typically requires assistance with all ADLs, whereas a 10-year-old may only need supervision. A good rule of thumb is to consider whether the member's age-appropriate development would typically require such assistance, regardless of their medical condition.

## What are ADLs versus IADLs (Instrumental Activities of Daily Living)?

ADLs involve tasks necessary for daily living such as personal care, feeding, dressing, and toileting. In contrast, IADLs are additional activities that support daily living, such as managing finances, shopping, laundry, transportation, making medical appointments, and managing medications. For children, IADLs are not considered to be part of the member's daily care, as these are responsibilities usually handled by adults are activities that adults regardless of their medical condition, like preparing meals and housework.

For more information, visit:

- [Cleveland Clinic: Activities of Daily Living](#)
- [MDCalc: Barthel Index](#)



Providers submitting a request for shift care services must send a Letter of Medical Necessity (LOMN). The LOMN must detail:

- Level of care requested (Skilled Nursing or Home Health Aide)
- Days of service requested
- Number of hours requested
- Why the requested number of hours are medically necessary
- The member's skilled healthcare needs (G-tube feeds, vent care, TPN, etc.)
- ADLs requiring assistance (Bathing, dressing, toileting, ambulation, eating, or grooming)

Additionally, the provider will need to submit recent Office Visit Notes (within the last 6 months, including annual well-child visit).

If the member has Autism, submit a copy of their Autism Diagnostic Report or a recent Developmental Pediatrics visit note. Caregiver information, such as current work verification (or a letter from the parent's doctor if they are disabled), school schedule if the member is school aged, a copy of their IEP (Individualized Educational Plan) if they have one in place, a letter from the member's school if services are needed in school explaining why the school is unable to provide the member's care, should also be included if relevant.

All information submitted should be faxed to 267-515-6667.

## For reference, here are the Utilization Management fax numbers:

- Medicaid Home Care (for all infusions and non-Shift Care requests): 215-967-4491
- Medicaid DME (including Home Accessibility): 215-849-4749
- Shift Care/Medical Day Care: 267-515-6667

Providers can also submit initial or reauthorization requests via our Portal (Healthtrio) if they have access. The shift care authorization form can be located [here](#).



## Understanding the Link Between Diabetes and Oral Health

As healthcare providers, it is important to integrate oral health into the overall management of diabetes. This approach helps diabetic patients understand how their condition puts them at risk for periodontal disease and how untreated dental disease can worsen their glycemic control. Here are some recommendations on how to incorporate oral health during your patient visits:

- **Regular Dental Visits.** Encourage patients with diabetes to visit their dentist regularly for check-ups. The prevalence of periodontal disease is significantly higher among individuals with diabetes compared to those without. Regular exams can help diagnose periodontal disease, which often goes undetected in its early stages.
- **Patient Education.** Educate patients about the connection between periodontal disease and diabetes. Reinforce the importance of maintaining good oral hygiene by having regular professional dental cleanings and practicing good home care.

By helping your patients understand the connection between oral health and diabetes, you can empower them to take better care of their overall health.

- **Medical-Dental Integration.** Foster collaboration between medical and dental professionals to provide comprehensive care for patients with diabetes. Sharing information and coordinating care can lead to better health outcomes for your patient.
- **Screening for oral health issues.** Primary care providers can screen for periodontal disease during a well visit. Patients may complain of bleeding gums, bad breath, shifting of teeth over time, or teeth appearing longer. During an oral screening, providers may notice swollen, red gingiva, gingival recession, calculus deposits, or loose teeth. Refer patients to a dentist as needed.

Addressing the connection between oral health and diabetes promotes a more holistic and comprehensive approach to patient care.

## Clinical Updates

### Care Coordination Made Easy

Care coordination programs are available for your patients/our members to support your treatment recommendations and meet health care goals. Members can work with our care coordination staff to find solutions to reduce or eliminate barriers your patients may face with their care. Our care coordination programs are designed to address the needs of our members across the life continuum, from pregnancy to childhood and adulthood.

For more information about our care coordination programs, you can contact us at 215-548-4797 or [ClinicalConnections@Jeffersonhealthplans.com](mailto:ClinicalConnections@Jeffersonhealthplans.com). Our program referral form is located here: [provider-referral-form.pdf](#)

# Policy & Notice Reminders

## 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 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
- Often developed 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 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**.

### 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.

The Provider's Role with LGBTQ+ Patients

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



## Keep Your Provider Information Up to Date

Confirm your enrollment status and demographic information today!

Providers should routinely check the DHS PROMISe system to confirm that demographic data, including all service locations and revalidation dates, is current and that they have an active PROMISe ID. For requirements and step-by-step instructions, please visit the [DHS webpage](#).

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@jeffersonhealthplans.com](mailto:datavalidation@jeffersonhealthplans.com)

## Reporting an Issue of Compliance, Privacy, or Fraud

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

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 using the options below. If you wish to remain anonymous, you may do so by using the HPP Hotline or our EthicsPoint 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@hpplans.com](mailto:Compliance@hpplans.com)
- To report actual or suspected privacy or security concerns, contact the Privacy Office by emailing: [PrivacyOfficial@hpplans.com](mailto:PrivacyOfficial@hpplans.com)
- To report actual or suspected FWA concerns, contact the Special Investigations Unit (SIU) by emailing: [SIUtips@hpplans.com](mailto:SIUtips@hpplans.com)
- Submit allegations related to Compliance, Privacy or FWA anonymously online via the [My Compliance Report online reporting tool](#).

## Policy Updates

### Drug Policies

DR.002.F IVIG- **J1551 (Cutaquig & J1575 (HyQuia) were added to the coding table.**

DR009.C Tepezza- **Risk factors/Side effects section was updated.**

DR.010.C Xiaflex- **References updated.**

DR.020.A Casgevy-New policy

DR.021.A Lyfgenia-New policy

DR.022.A Zynteglo-New policy

### Claim Payment Policies

Newborn Authorizations-**Policy statement section was revised**

### Medical Necessity Policies

Experimental/Investigational Services-**Guidelines section was revised**



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



PC-420NM-6174

### Provider Resources

 [Jefferson Health Plans](#)

 [@jeffersonhealthplans](#)