

PROVIDER SUPPORT SERVICES

Our Provider Portal

Services available through our portal include:

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

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

Provider Services Helpline

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

Medical provider: prompt 1

Pharmacies: prompt 2

Join our provider network: prompt 3

Members: prompt 4

Quality Management: 1-855-218-2314

ONLINE RESOURCES

www.hppplans.com/providers

Provider News: www.hppplans.com/provnews

Online Provider Directory: www.healthpartnersplans.com/providers/resources/provider-directory

Eligibility and Claims: www.hppplans.com/eandb

Provider Trainings: www.healthpartnersplans.com/providers/training-and-education

Formularies: www.hppplans.com/formulary

Provider Manual: www.hppplans.com/providermanual

CREDENTIALING

Credentialing Status, Correspondence & Enrollment:

Credentialing@jeffersonhealthplans.com, Fax: 215-967-4473

Data changes/Terminations: DataValidation@jeffersonhealthplans.com, Fax: 267-515-6650

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

ProviderData@jeffersonhealthplans.com, Fax: 215-967-9274

CARE COORDINATION FOR ALL LINES OF BUSINESS

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

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

VENDOR INFORMATION

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

BEHAVIORAL HEALTH SERVICES

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

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

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

MEMBER RELATIONS

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

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

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

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

TTY: 1-877-454-8477

MEDICAL MANAGEMENT (UTILIZATION/PRIOR AUTHORIZATION)

1-866-500-4571

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

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

Non-Par Service Requests: prompts 2, 4

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

Skilled Nursing Facilities and Rehabilitation:

Medicare: 215-991-4395

Medicaid: 267-385-3825

Fax: 215-991-4125

PHARMACY

Pharmacy Department: 1-866-841-7659

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

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

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

Recipient Restriction Program Information:

215-991-4094

Fax: 267-515-6651

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

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

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


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

Provider Quick Reference Guide


CLAIMS SUBMISSIONS

Please note that Jefferson Health Plans recommends electronic claims submissions.

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

Product Name	ID Card
<p style="text-align: center;">Health Partners (Medicaid)</p>	<div style="border: 1px solid black; padding: 10px; margin: 10px auto; width: 80%;"> <p style="background-color: #4a4a8a; color: white; padding: 2px;">Health Partners</p> <p><FIRSTNAME Q MEMBERLASTNAME> ID: <9999999999> DOB: <99/99/9999> PCP: <DR.> <FNAME LNAME> <999-999-9999> PROV #: <999999XX999999X> RxBIN: 004336 RxPCN: MCAIDADV RxGroup: RX3892</p> <p style="text-align: right;">Health Partners </p> </div> <p style="text-align: center;">Medicaid: 9 characters long, starting with all numerical digits</p>

Plan Information	
<p>Payor ID: #80142</p> <p>Paper Claims Submissions: Jefferson Health Plans, PO BOX 211123 Eagan, MN 55121</p> <p>Claims Reconsiderations: www.healthpartnersplans.com/providers/provider-portals Or by Mailing to:</p> <p>Jefferson Health Plans Attn: Claims Reconsideration 1101 Market Street, Suite 3000 Philadelphia, PA 19107</p> <p>Claims Inquiries: www.healthpartnersplans.com/providers/provider-portals</p> <p>Or by Calling Provider Services: 1-888-991-9023</p>	

Product Name	ID Card
<p style="text-align: center;">KidzPartners (CHIP)</p>	<div style="border: 1px solid black; padding: 10px; margin: 10px auto; width: 80%;"> <p style="background-color: #4a4a8a; color: white; padding: 2px;">KidzPartners</p> <p>MEMBER FIRST NAME MEMBER LAST NAME ID: 9999999999 DOB: 99/99/9999 PCP: DR. NAME 999-999-9999 PROV #: 9999999999 PCP \$XX SPEC \$XX ER \$XX RxBIN: 004336 RxPCN: MCAIDADV RxGroup: RX4074</p> <p style="text-align: right;">KidzPartners </p> </div> <p style="text-align: center;">CHIP: 10 characters long, starting with a “3” or a “9”</p>

Plan Information	
<p>Payor ID: #80142</p> <p>Paper Claims Submissions: Jefferson Health Plans, PO BOX 211123 Eagan, MN 55121</p> <p>Claims Reconsiderations: www.healthpartnersplans.com/providers/provider-portals Or by Mailing to:</p> <p>Jefferson Health Plans Attn: Claims Reconsideration 1101 Market Street, Suite 3000 Philadelphia, PA 19107</p> <p>Claims Inquiries: www.healthpartnersplans.com/providers/provider-portals</p> <p>Or by Calling Provider Services: 1-888-991-9023</p>	

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

Plan Information	
<p>HMO: Payor ID: 80142 Paper Claims Submissions: Jefferson Health Plans, PO BOX 211123 Eagan, MN 55121 Claims Reconsiderations: www.healthpartnersplans.com/providers/provider-portals Or by Mailing to: Jefferson Health Plans Attn: Claims Reconsideration 1101 Market Street, Suite 3000 Philadelphia, PA 19107 Claims Inquiries: www.healthpartnersplans.com/providers/provider-portals Or by Calling Provider Services: 1-888-991-9023</p>	<p>PPO: Payor ID: #RP099 Paper Claims Submissions: Jefferson Health Plans, PO BOX 21921 Eagan, MN 55121 Claims Reconsiderations: www.healthpartnersplans.com/providers/provider-portals Or by Mailing to: Jefferson Health Plans Attn: Claims Reconsideration 1101 Market Street, Suite 3000 Philadelphia, PA 19107 Claims Inquiries: www.healthpartnersplans.com/providers/provider-portals Or by Calling Provider Services: 1-888-991-9023</p>

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

Plan Information	
<p>Payor ID: #80142 Paper Claims Submissions: Jefferson Health Plans, PO BOX 211123 Eagan, MN 55121 Claims Reconsiderations: www.healthpartnersplans.com/providers/provider-portals Or by Mailing to: Jefferson Health Plans Attn: Claims Reconsideration 1101 Market Street, Suite 3000 Philadelphia, PA 19107 Claims Inquiries: www.healthpartnersplans.com/providers/provider-portals Or by Calling Provider Services: 1-888-991-9023</p>	