FALL 2025

Provider Check Up

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

Thank you for your continued partnership! We're excited to share the latest resources and guidance to help you provide the highest quality of care to our members. Inside this issue of Provider Check Up, you'll find:

- Our 2024 QCP High Performers
- Important information on mental and behavioral health
- Helpful resources for recommending medication-assisted therapy, pediatric care, cancer prevention, and more

What's Inside

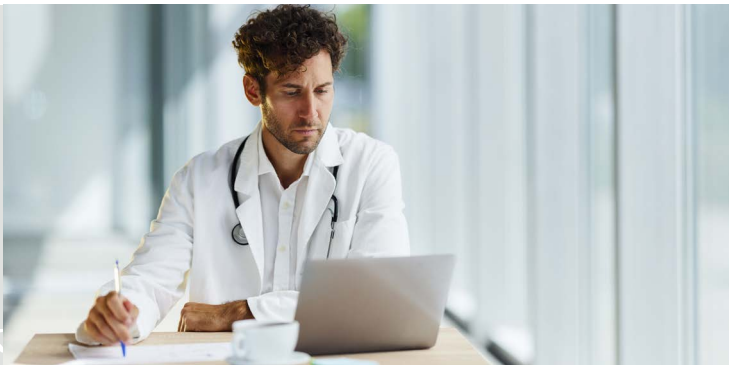
How to Spot Phishing and Spoofing Fax Scams

CMS has identified a fraud scheme targeting Medicare providers and suppliers. Scammers are impersonating CMS and sending phishing fax requests for medical records and documentation, falsely claiming to be part of a Medicare audit.

If you suspect a fraudulent or questionable request, report it promptly. For questions or to confirm the authenticity of a CMS-related request, contact Karissa Bjorkgren at **Karissa.Bjorkgren@cms.hhs.gov**.

Additionally, if you receive a request for records from Health Partners Plans/Jefferson Health Plans, it will always include the requestor's contact information. You are encouraged to reach out directly to the requestor to verify the request. You may also contact the Special Investigations Unit at **SpecialInvestigationsUnit@hpplans.com** for verification.

Key reminder: CMS does not initiate audits via faxed requests for medical records. If you receive such a request, do not respond. Instead, immediately verify its legitimacy by contacting your **Medical Review Contractor.**

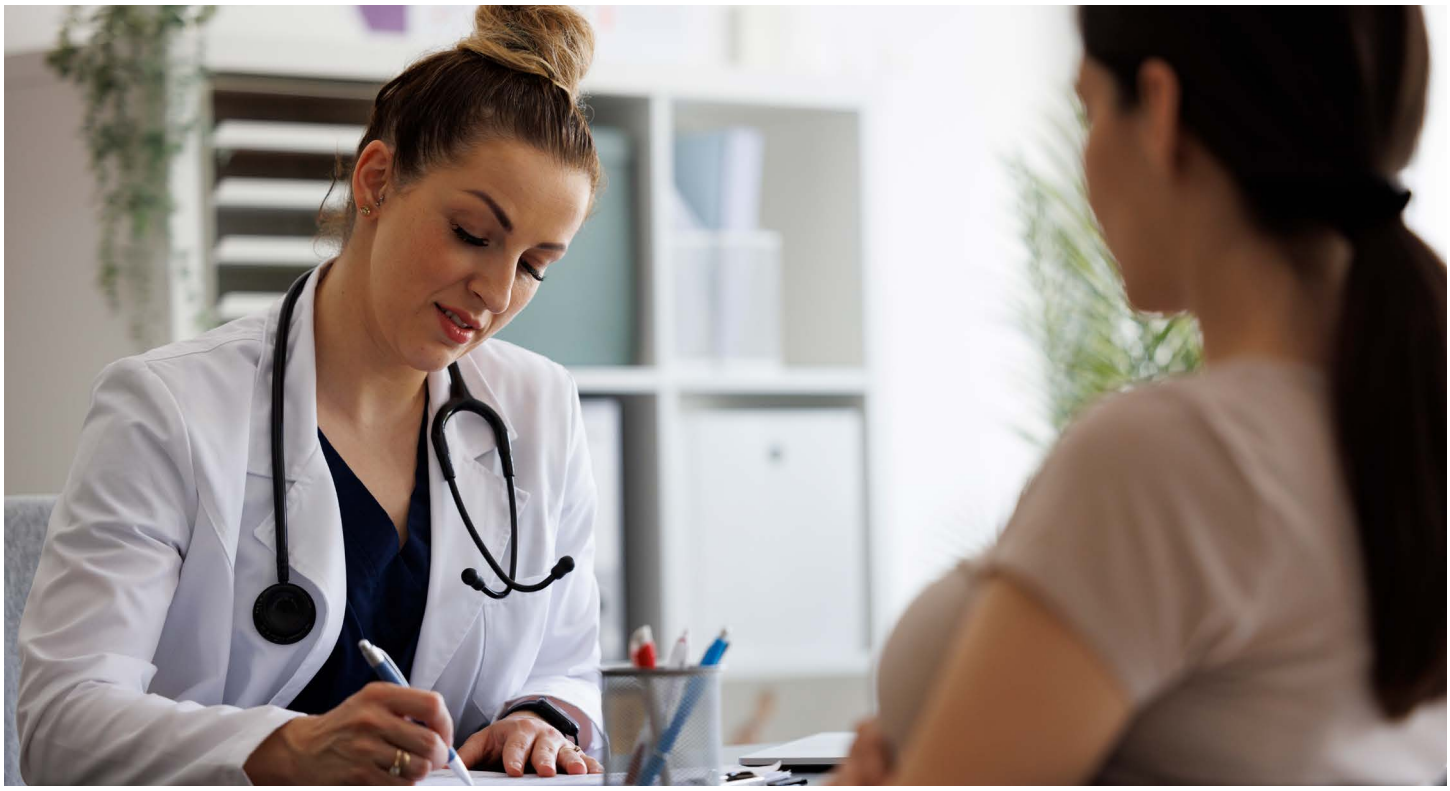


HPP Health Partners Plans
HIGH PERFORMER
MY 2024
QCP

Congratulations to Our QCP High Performers!

We are proud to celebrate 13 practices through our High Performer Recognition Program for their outstanding performance in the 2024 QCP measurement year. Congratulations to these practices for their commitment to providing high-quality care and setting a standard of excellence!

Practice Name	Practice Type
Fair Hill Community Physicians – Lehigh Ave.	Family Medicine
Fair Hill Community Physicians – Hunting Park Ave.	Family Medicine
Esperanza Health Center, Inc. – N. 6th St.	Family Medicine
Pizzica Pediatrics – Lehigh Ave.	Pediatrics
Einstein Community Health Associates – Bustleton Ave.	Family Medicine
Aria Health Physician Services – Roosevelt Blvd.	Family Medicine
Kidsmed LLC – Roosevelt Blvd.	Pediatrics
Excel Medical Center LLC – Chelten Ave.	Family Medicine
Excel Medical Center LLC – Lehigh Ave.	Family Medicine
Memphis Street Pediatrics LLC – Allegheny Ave.	Pediatrics
Pediatric Care Group – Old York Rd.	Pediatrics
Verree Pediatrics LLC – Verree Rd	Pediatrics
St. Christopher's Pediatric Associates – Roosevelt Blvd.	Pediatrics



Protecting Health Information in Abuse Cases

Today, many people can see their health information online. This can be incredibly helpful as it allows patients view their test results, message their doctor, and keep track of their care. But sometimes, this information can be used in harmful ways.

Abusive individuals may attempt to exploit a survivor's health records to control or harm them. For example, an abusive partner may log in to the survivor's medical account and review doctor's notes. They may discover that the survivor is discussing the abuse or other sensitive health concerns, such as substance use, and use that information against them. Even if the survivor does not explicitly report the abuse, their health records may still contain personal details that could put them at risk.

What actions can be taken?

Providers can work with patients to ensure the highest level of confidentiality. You can:

- Mark an electronic note as private so that only medical professionals can access it.
- Change/update portal passwords
- Use two-step sign-in (like a code sent to the patient's phone)
- Review who has official access to the patient's records

To find a local domestic violence program, visit the Pennsylvania Coalition Against Domestic Violence website at: **https://www.pcadv.org/find-help/find-your-local-domestic-violence-program**. The services offered by these programs are provided at no cost and are confidential.

Well Visit Mythbusters: Clarifying Common Misconceptions

Let's bust some common myths! This section addresses common misconceptions about well-child visits to ensure accurate billing, clinical compliance, and optimal patient care.

Myth 1: There are strict timing rules for the W15 visit.

Clarification: For patients under 24 months of age, there are no timing restrictions for billing and reimbursement of the W15 visit. However, the one-year well visit should be scheduled on or after the child's first birthday to align with the recommended clinical vaccine schedule.

Myth 2: A sports physical is equivalent to a well-child visit.

Clarification: Sports physicals are not the same as well-child visits.

A well visit includes a full developmental assessment, immunizations, and anticipatory guidance, which are not typically part of a sports physical.

Myth 3: Sick visits and well-child visits cannot be conducted on the same day.

Clarification: Yes, they can! If a child comes in for a well visit and also needs evaluation for an acute issue, both services can be billed on the same date of service — just make sure the documentation supports necessity for both and appropriate clinical evaluation.

Myth 4: Well visits must be scheduled 365 days apart.

Clarification: Well visits are allowed once per calendar year — not once every 12 months.

So, if a child had a well visit in July last year, they can have their next well visit in May — and you'll still be reimbursed for the visit!

Bottom line:

Understanding these nuances helps ensure proper reimbursement, supports clinical best practices, and keeps your patients on track for comprehensive care.

Caring for Mental Health During Pregnancy

Pregnancy can be an emotionally challenging time, and many women may experience feelings of sadness, overwhelmingness, or depression. Assessing a patient's mental and emotional well-being is just as important as evaluating their physical health, from the first prenatal visit through the postpartum period.

Our **Care Guidelines** page offers several validated screening tools to help identify depression, available in the Preventive Care Resources section of the Care Guidelines page. These tools include:

- **Edinburgh Postnatal Depression Scale (EPDS):** A 10-question tool used to assess postpartum depression.
- **Patient Health Questionnaire-2 (PHQ-2):** A brief, two-question screening tool for initial assessment.
- **Patient Health Questionnaire-9 (PHQ-9):** A more comprehensive, nine-question tool that helps assess the severity of depression and guide treatment decisions.

Many Electronic Medical Record (EMR) systems include these tools, so check with your system provider to see what is available.

The Preventive Care Resources section of the **Care Guidelines** page also includes links to the U.S. Preventive Services Task Force recommendations for depression and suicide screenings for adults, children, and adolescents.

The Pressure is On: Enhancing Hypertension Care

1. Evidence-based treatment approaches

- **Accurate diagnosis:** Confirm hypertension with multiple readings on separate occasions. Use validated devices and proper cuff sizes.
  - If your patient has a high blood pressure reading at the beginning of their visit, repeat the reading at the end of the visit to see if it has normalized. This will help rule out white coat syndrome.
- **Lifestyle first:** Encourage DASH diet, sodium reduction, physical activity, weight loss, and moderation of alcohol consumption.
- **Pharmacologic therapy:**
  - First-line agents: thiazide diuretics, ACE inhibitors, ARBs, and calcium channel blockers.
  - Tailor therapy based on comorbidities (e.g., diabetes, CKD, heart failure).
- **Follow-up:** Reassess blood pressure within 1–2 weeks of medication changes. Patients at goal should be reassessed every 3 months.

2. Team-based care

- Utilize nurses, pharmacists, and dietitians in hypertension management.
- Implement standing orders for medication refills and blood pressure checks.
- Offer telehealth visits and walk-in BP clinics to improve access and adherence.

3. Documentation & coding tips

- **Timely claims:** Submit claims and encounter data within 90 days of service.
- **Use both systolic and diastolic CPT II codes** on claims to ensure compliance.
- **Use CPT-II codes** to document BP readings:
  - *3074F:* Systolic <130 mmHg
  - *3075F:* Systolic 130–139 mmHg
  - *3077F:* Systolic ≥140 mmHg
  - *3078F:* Diastolic <80 mmHg
  - *3079F:* Diastolic 80–89 mmHg
  - *3080F:* Diastolic ≥90 mmHg
- **ICD-10 codes:**
  - *I10:* Essential (primary) hypertension
  - *I11.x:* Hypertensive heart disease
  - *I12.x:* Hypertensive kidney disease
  - *I13.x:* Hypertensive heart and kidney disease

HEDIS hint: controlling high blood pressure (CBP) – 2025 Measure overview:

The CBP measure evaluates the percentage of patients aged 18–85 with a hypertension diagnosis whose blood pressure is adequately controlled (<140/90 mm Hg) during the measurement year.

Tips for Success

- **Document precisely:** Record the exact systolic and diastolic values—do not round.
- **Final reading counts:** The last BP reading of the year is used for compliance with the measure. Ensure it's taken after the second hypertension diagnosis.
- **Acceptable sources:**
  - In-office visits
  - Virtual visits (if the patient uses a digital BP device)
  - Specialty or urgent care visits (if documented in the medical record)
- **Avoid these readings:**
  - Taken during ED visits, inpatient stays, or on the same day as procedures requiring medication/diet changes.
- **Support adherence:**
  - Prescribe single-pill combinations when possible.
  - Discuss potential side effects and answer your patients' questions about medications.
  - Reinforce lifestyle changes: DASH diet, exercise, smoking cessation, and stress management.

Early Cancer Detection Starts Here

Most cancers are treatable when detected early. During annual wellness visits or even sick visits, it's important to discuss cancer prevention with your patients and emphasize the value of regular screenings.

Discuss individual risk factors, such as:

- Gender
- Personal or family history
- Ethnicity
- Socioeconomic status
- Access to health care

Key modifiable risk factors, including:

- Physical inactivity
- Unhealthy diet
- Overweight or obesity
- Alcohol use
- Tobacco and/or vaping
- Excessive sun exposure

Our provider **Care Guidelines** webpage offers a variety of resources, including best practices and links to more information from the U.S. Preventive Services Task Force **website**. The **Quality and Population Health** section provides guidance on NCQA measures, along with coding tips to support performance on key HEDIS measures:

- Colorectal Cancer Screening (COL): Members aged 45–75 who receive appropriate colorectal cancer screening
- Breast Cancer Screening (BCS): Female members aged 40–74 who receive a mammogram
- Cervical Cancer Screening (CCS): Female members aged 21–64 who receive appropriate cervical cancer screening

Our comprehensive **Quality Care Plus (QCP)** guide is also available for reference.

Essential Guidelines for Developmental Screening & Surveillance

The American Academy of Pediatrics (AAP) recommends that pediatric primary care providers conduct general developmental screenings at 9, 18, and 30 months of age. Additionally, screenings for autism spectrum disorder (ASD) should be performed at 18 and 24 months. Beyond these scheduled assessments, screenings should also occur whenever concerns are raised by clinicians, parents, or early childhood professionals. These evaluations rely on validated, standardized tools and are essential for early identification of developmental delays.

For more information on Developmental Screenings and Surveillance, including validated tools and proper coding, visit our provider webpage here: **Developmental Screenings and Surveillance** or visit the AAP website: **American Academy of Pediatrics - Developmental Surveillance and Screening**

Patient-Centered Prescribing: Navigating Approaches to Medication Complaints

Medication-related complaints are among the most common concerns voiced by patients. These can range from side effects and perceived ineffectiveness to cost and confusion about instructions. How healthcare professionals respond to these concerns can significantly impact patient trust, medication adherence, and overall health outcomes.

1. Listen actively and empathetically

Patients often feel unheard when they express concerns about medications. Acknowledging their experiences — whether related to side effects or concerns — helps build trust and rapport.

2. Educate clearly and consistently

Many complaints stem from misunderstandings. Ensure patients understand:

- Why the medication is prescribed
- How and when to take it
- Possible side effects and what to do if they occur
- The expected timeline for improvement

Use plain language and confirm understanding through teach-back methods.

3. Address side effects proactively

Discuss common side effects before they occur and offer strategies to manage them. If a patient reports a side effect, validate their experience and consider alternatives or supportive therapies.

4. Consider cost and access

High medication costs or non-formulary drugs can lead to nonadherence. Be proactive in discussing affordability and explore generics, patient assistance programs, or formulary alternatives when appropriate.

5. Encourage open communication

Let patients know it's okay to speak up about medication concerns. Creating a safe space for dialogue can prevent issues from escalating and improve adherence.

Patient complaints are opportunities to enhance care. By listening, educating, and collaborating, you can turn concerns into productive conversations that strengthen the provider-patient relationship.

Statin Therapy for Patients with Cardiovascular Disease

Please remember to document conditions, like myalgia, that may exclude your patients from taking a statin medication in their medical record each measurement year. Please view our **Statin Therapy Tip-Sheet,** located on the **Disease and Medication Management** of our website for detailed information.

Our Period Pantry Opens to Support Menstrual Health in the Community

We are proud to share the launch of our first Period Pantry, a new initiative aimed at advancing menstrual health in Pennsylvania. Housed at our **Community Wellness Center at 6232 Market Street in West Philadelphia,** the Period Pantry is more than a distribution site for menstrual products — it's a community-led, stigma-free space for education, empowerment, and access to care.

The Period Pantry is an important step toward dismantling the systemic barriers that impact the health and dignity of individuals facing menstrual inequities — a widespread issue that affects 1 in 4 women and causes 1 in 5 girls to miss school due to lack of access to menstrual products.

What the Period Pantry offers

- **Free menstrual products.** Our Period Pantry is open on Mondays from 1 p.m. – 4 p.m. and Fridays from 9 a.m. – 12 p.m. Appointments can be made outside of those hours by calling 833-435-1995 or emailing **communityconnect@jeffersonhealthplans.com**.
- **Access to healthcare navigation services.** At select events at our Community Wellness Centers, we offer health screenings, and our navigators can help individuals schedule their next health appointment.
- **Educational resources on menstrual health, hygiene, and reproductive care.**
- **Monthly Menstrual Meetups** for community discussion and education. These are available both in person and virtually. Anyone can attend, regardless of location. You may refer eligible members to the calendar on the Wellness Partners page of our member website to view our full schedule of events and register.

We invite you to join us in supporting this work — not just as an advocate, but as a health care provider with the unique ability to create safe, informed spaces for your patients.

Lead Screening and Follow-Up for Pediatric Providers

All children enrolled in Medicaid and CHIP are required to receive blood lead screening tests at ages 12 months and 24 months. In addition, any child between 24 and 72 months with no record of a previous blood lead screening test must receive one. Completion of a risk assessment questionnaire does not meet the requirement. The requirement is met only when the two blood lead screening tests identified above (or a catch-up blood lead screening test) are conducted. During a blood lead test, a small amount of blood is taken from the finger or arm and tested for lead. Two types of blood tests may be used:

- A finger-prick, or capillary test
- A venous blood draw

PCP follow-up

If a child has an elevated blood lead level (EBLL) of 5 or above, the PCP should recommend the following services:

- Refer the child for an Environmental Lead Investigation (ELI) — To locate the appropriate county agency for the referral, please visit **https://www.healthpartnersplans.com/home/providers/clinical-resources/lead-screening/**.
- Prescribe a diet high in iron and calcium.
- For high blood lead levels, health care providers may recommend other types of testing (such as an x-ray) or chelation therapy to remove some lead from the blood.
- Developmental Screening — Even if the child has had a developmental screening prior to the lead screening, one should be conducted to assess if lead has impacted their development.
- If the child screens for a potential developmental delay, make a referral to CONNECT 1-800-692-7288 or email **help@connectpa.net**, to submit a form online for early intervention services.
- Schedule follow-up blood testing and PCP visits (please see below for scheduling recommendations according to the Center for Disease Control (CDC)).

Recommended schedule for obtaining a confirmatory venous sample

Blood Lead Level (µg/dL)	Time to Confirmation Testing
≥3.5–9	Within 3 months
10–19	Within 1 month
20-44	Within 2 weeks
≥45	Within 48 hours

*The higher the BLL on the initial screening test, the more urgent it is to get a venous sample for confirmatory testing.

Schedule for follow-up blood lead testing

Venous Blood lead Levels (µg/dL)	Early follow-up testing (2-4 tests after identification)	Later follow-up testing after BLL declining
≥3.5–9	3 months*	6–9 months
10–19	1–3 months*	3–6 months
20-44	2 weeks–1 months*	1–3 months
≥45	As soon as possible	As soon as possible

*Seasonal variation of BLLs exists and may be more apparent in colder climate areas. Greater exposure in the summer months may necessitate more frequent follow-ups.

*Some case managers or healthcare providers may choose to repeat blood lead tests on all new patients within a month to ensure that their BLL level is not rising more quickly than anticipated.

Empowering Pediatric Care with TiPS: A Behavioral Health Consultation Initiative

What is TiPS?

The Telephonic Psychiatric Consultation Service Program (TiPS) is free program funded by the Pennsylvania Department of Human Services (DHS). It is available to assist PCPs who see children or adolescents up to age 21 covered by a HealthChoices Medicaid Plan or Children's Health Insurance Plan (CHIP). TiPS also supports behavioral health clinicians, medical specialists, and other prescribers of psychotropic medications for children working on-site in primary care practices.

TiPS connects providers to regional children's behavioral health consultation teams, which consist of child psychiatrists, licensed therapists, care coordinators, and administrative support. These teams offer the following services:

- Telephonic or face-to-face consultation
- Care coordination
- Training and education

There is no cost for this service, but you must enroll.

For more information about TiPS and how to enroll, please visit **our provider page.**

Get Certified for Tobacco Cessation Services and Reimbursement

Health care professionals play a crucial role in helping patients quit tobacco use. We encourage you to offer tobacco cessation counseling to your patients to assist with tobacco recovery.

If you're interested in learning more about tobacco recovery services, we recommend taking the PA DOH *Every Smoker, Every Time* online training. This course offers tobacco-use related education on dependence treatment and practices, effective interventions, nicotine replacement therapy (NRT), and referral options.

Reimbursement

We offer reimbursement for submitting tobacco cessation counseling codes. Refer to our **Tobacco Cessation Program Reimbursement Policy** for more details:

Steps to become certified:

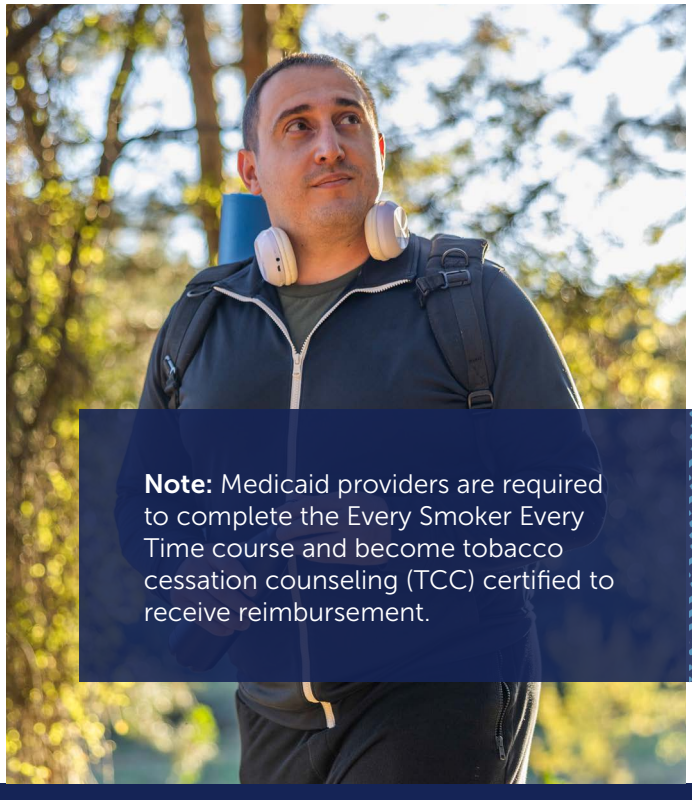
Follow the steps below or visit the DOH website **Pre-Approved Tobacco Cessation Registry** for more information.

Eligibility requirements:

- Physician, pharmacist, nurse practitioner, dentist, or nurse midwife.
- Enrolled in Medical Assistance with an NPI and Promise Identification number.
- Certification via Pennsylvania Department of Health.
- Existing contract in good standing or part of our dental network.

Steps to become credentialed:

- Complete DOH's "Every Smoker, Every Time" online training and application.
- Get approved by DOH as a Tobacco Cessation Provider (TCP).
- Check the box for DHS Medical Assistance review.
- Apply for an individual PROMISe number as a TCC.



Note: Medicaid providers are required to complete the Every Smoker Every Time course and become tobacco cessation counseling (TCC) certified to receive reimbursement.

Missing JW or JZ Modifiers? It Could Result in Denied Claims

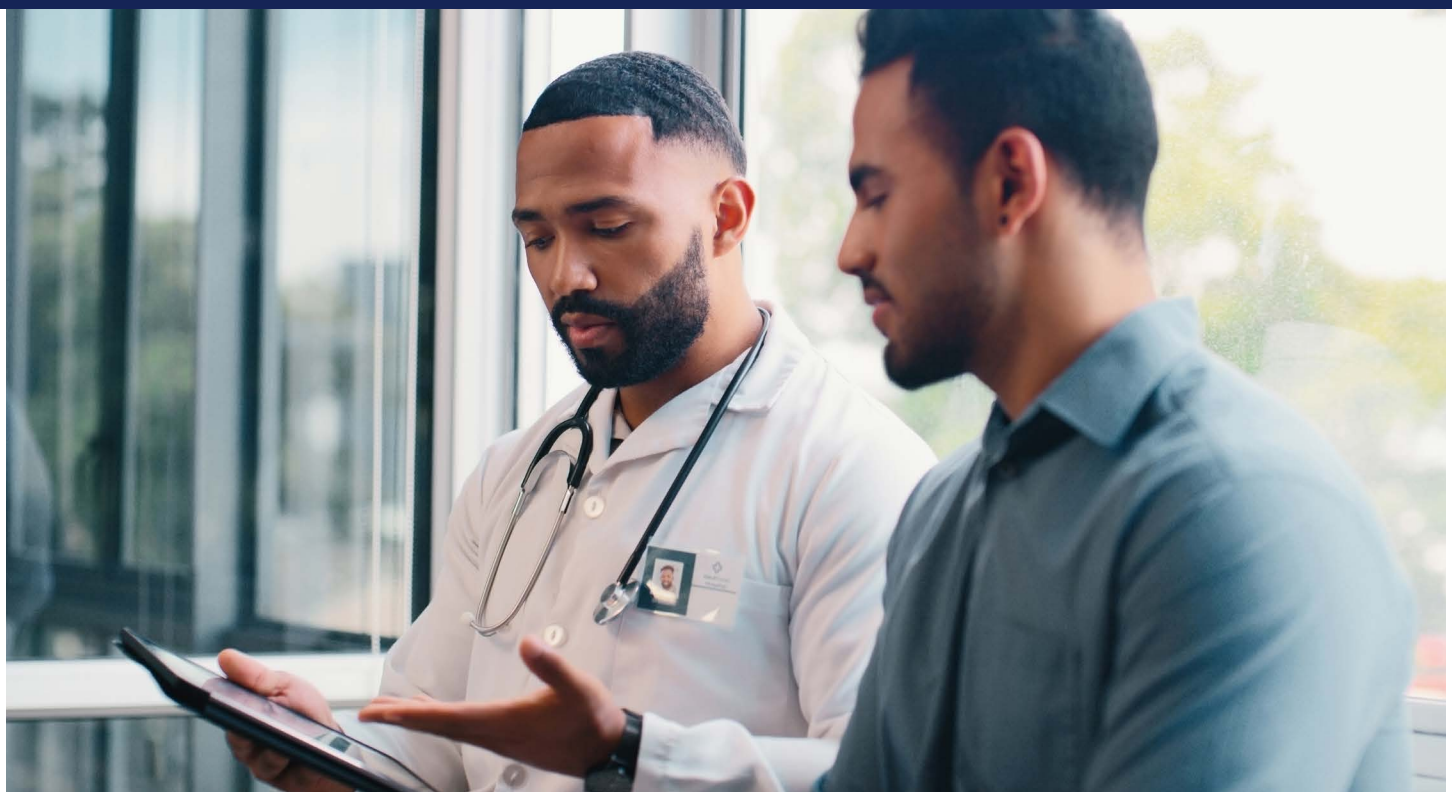
When administering medications from single-use vials, it is essential to properly document any unused portions. Accurate documentation should include the following details:

- Total quantity in the vial
- Amount administered to the patient
- Amount discarded (if any)
- Reason for the wastage

According to CMS guidelines, correct use of drug wastage modifiers is not only a compliance requirement but also helps prevent incorrect payment and audit risk.

- **JW Modifier** – Use when any portion of a drug is discarded
- **JZ Modifier** – Use when no portion of a drug is discarded

Failure to include the appropriate modifier may result in claim edits, denials, or delays in reimbursement. Please ensure these modifiers are applied correctly to support compliant and accurate claim submissions.



Supporting Recovery with Medication-Assisted Therapy

Medication-assisted therapy (MAT) is a comprehensive treatment approach to help manage patients with opioid use disorder. MAT combines the use of FDA-approved pharmacological treatment with behavioral treatment interventions, such as cognitive behavioral therapy and motivational enhancement, to improve patient outcomes on their road to long-term recovery.

Research shows the use of MAT can significantly reduce cravings and withdrawal symptoms, as well as the risk of relapse, leading to better treatment outcomes. Incorporating MAT into patient care can support stabilization, reduce the risk of opioid-related mortality, and help prevent the spread of infectious diseases such as HIV and hepatitis C.

Patients presenting with opioid use disorder may face personal or public stigma, which can create barriers to care. As practitioners, you can help break down these barriers by reassuring patients, providing education, and pharmacological interventions when appropriate. You can also help reduce stigma by attending educational training and incorporating substance use screenings into primary care settings to ensure patients have prompt access to the interventions they need.

Currently, three FDA-approved medications are available for MAT: buprenorphine, methadone, and naltrexone.

- **Buprenorphine** is an opioid partial agonist that works by reducing the impact of physical dependence on opioids, including withdrawal symptoms and cravings, while lowering the risk of misuse and overdose.
- **Methadone** is a long acting opioidagonist that provides sustained relief from withdrawal and cravings and is only available through certified opioid treatment programs.
- **Naltrexone** is a non-addictive opioid antagonist that blocks the effects of opioids, with minimal potential for abuse and misuse.

To learn more about incorporating MAT into your practice, visit **www.samhsa.gov** or **www.asam.org.** By advocating for MAT and supporting recovering patients, you can make a lasting impact in the fight against the opioid epidemic.

Pharmacy Formulary Changes

Jefferson Health Plans Medicare Advantage

See below for the most recent formulary, prior authorization, quantity limit and age edit updates for Jefferson Health Plans Medicare Advantage.

Formularies:

- **Jefferson Health Plans Medicare Advantage**

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:

- **Formulary Updates**

Pennsylvania Preferred Drug List Updates:

As of **July 7, 2025,** the products listed below will be changing to non-preferred on the Pennsylvania Preferred Drug List (PDL). We will no longer pay for the product(s) listed below from the PDL without a prior authorization.

Product(s) Changing to Non-Preferred Status	Preferred Alternatives Available
Ascensia Glucometers Contour, Contour Next, Contour Next EZ, Contour Next Gen, Contour Next One, Contour Plus Blue	**Accu-Chek Glucometers** Accu-Chek Guide **Accu-Chek Test Strips** Accu-Chek Guide **Trividia Glucometers** True Metrix, True Metrix Air, Relion True Metrix Air **Trividia Test Strips** True Metrix Relion True Metrix
Ascensia Test Strips Contour, Contour Next, Contour Plus	
Lifescan Glucometers OneTouch Ultra2, OneTouch Verio Flex, OneTouch Verio Reflect	
Lifescan Test Strips OneTouch Ultra, OneTouch Verio	

Health Partners Plans CHIP

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

Formulary:

- **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.

Formulary:

- **Jefferson Health Plans Individual and Family Plans**

Formulary Changes:

- **Formulary Updates**

Addressing Dental Health for Patients with Developmental Disabilities

Primary care providers are often the first and most consistent point of contact for individuals with developmental disabilities (DD).

Patients with DD are at a significantly higher risk for oral health problems, including dental caries, periodontal disease, bruxism, and oral trauma. Many face barriers to proper hygiene routines, limited manual dexterity, dietary challenges, or the use of medications that reduce salivary flow, all of which can increase the risk for oral health problems. Additionally, sensory sensitivities or behavioral challenges may make routine dental care difficult, leading to deferred treatment and worsening conditions.

Many patients may be nonverbal or have difficulty expressing pain or discomfort, meaning subtle signs can go unnoticed.

When conducting oral health screenings, be mindful of the following red flags:

- Persistent bad breath
- Drooling or difficulty chewing/swallowing
- Refusal to eat or changes in diet
- Facial swelling or signs of discomfort around the mouth
- Tooth discoloration or visible decay
- Behavioral changes, such as irritability or self-injury

Early identification and referral to a dentist experienced in caring for patients with DD can prevent the escalation of issues that affect nutrition, communication, and overall quality of life.

For assistance finding a dental provider, please contact the **Enhanced Member Supports Unit** at **215-967-4690**.

Stay Connected by Updating Your Provider Information

Maintaining accurate provider information ensures seamless communication, compliance, and quality care for patients. Providers should regularly verify their enrollment status and demographic information in the DHS PROMISe system to avoid disruptions. This includes checking:

- Service locations
- Revalidation dates
- Active PROMISe ID status

Please visit the **DHS webpage** for requirements and step-by-step instructions.

If your contact details (such as name, address, or phone number) have changed, provider groups can submit the updates on official company letterhead via email to **datavalidation@jeffersonhealthplans.com**.

Lastly, be sure to complete the Quarterly Provider Data Validation form sent via mail to your practice. Completing this form will ensure our systems hold the most current information.

Cultural Competency: A Key to Reducing Health Disparities

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.
- 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 services) at their practice location, at the provider's cost. If you need assistance, our helpline can assist you in locating services for members who need a qualified interpreter present at an appointment or telephonically: **1-888-991-9023**.

Non-Discrimination Policy

We recognize the diversity of our members and offer services that are sensitive to these differences. Members enrolled in our plan(s) 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 that results in risk reduction

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. Additionally, management of compliance, privacy, or fraud issues is also essential for improving our services and enables the organization to take appropriate actions to mitigate future risks.

You can help to prevent fraud by asking for picture identification in addition to checking their member ID card or number. This will prevent non-members from using stolen or lost member insurance ID cards.

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 through the options provided below. If you wish to remain anonymous, you may do so by using the Hotline or our 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@jeffersonhealthplans.com
- To report actual or suspected privacy or security concerns, contact the Privacy Office by emailing: PrivacyOfficial@jeffersonhealthplans.com
- To report actual or suspected FWA concerns, contact the Special Investigations Unit (SIU) by emailing: SIUtips@jeffersonhealthplans.com
- Complete and submit allegations related to Compliance, Privacy or FWA anonymously online here.

Policy Bulletin Updates

Medical Necessity Policies

- MN.025.A Speech Generating Devices — this is a new policy.

Claim Payment Policies

- RB. 025.D Pediatric Shift Care When Multiple Members in a Household are Receiving Care — revisions made to policy statement and guidelines.
- RB.035.A Preventive Care Services (Jefferson Health Plans Individual and Family Plans) — code additions.
- RB. 038.B Professional Telehealth Services- Individual and Family Plan — police statement updated, code revisions.

Drug Policies

- DR. 005.E Zolgensma (onasemnogene abeparvovec-xioi) — revisions made to dosage, risk factors/side effects, monitoring and clinical evidence sections.
- DR. 006. F Complement Inhibitors: Eculizumab (Solaris) & Ravulizumab (Ultomiris) — code additions.
- DR.007.D Adakveo (Crizanlizumab-tcma) — additions to prior authorization criteria, dosage and administration, risk factors/side effects and monitoring sections.
- DR.008. C Sandostatin LAR Depot (octreotide acetate) — code additions, risk factor section updated.
- DR.011.D IgG1 Monoclonal Antibodies for Alzheimer's — revisions to dosage, risk factors and side effects, and black box warning.
- DR.017.A Adstiladrin (Nadofaragene firadenovec-vncg) — code additions; addition to prior authorization criteria section.
- DR. 018. A Viltepso (Vitolarsen) — addition to prior authorization criteria section.
- DR.019.A Hemgenix (Etranacogene dezaparvovec-drlb) — coding update.

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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.

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