

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.

We deeply value your dedication to our members and the exceptional care you provide. Your partnership is essential, and we're looking forward to the opportunities ahead in 2026.

As we move into the new year, we're excited to continue strengthening collaboration with our provider network. We remain committed to offering the support and resources you need to thrive.

In this issue, you'll find:

-  Annual reminders for trainings, surveys, and attestations
-  HEDIS Information
-  Important information on mental and behavioral health
-  Helpful resources on care coordination for you and your patients, pharmacy updates, remote patient monitoring requirements, and more!



What's Inside

PROVIDER NEWS

- 3** Required Trainings and Annual Reminders

QUALITY OF CARE

- 4** What to Expect for the 2026 HEDIS Review Season
- 5** Enhancing Outpatient Care Through Antibiotic Stewardship
- 6** Improving Asthma Management
- 6** Benefits of Integrating Physical and Behavioral Health Care
- 7** Key Information on Hepatitis C Screening and Treatment

CLINICAL UPDATES

- 8** Care Coordination Support for You and Your Patients
- 8** Connect with Centers of Excellence for OUD Care
- 9** Your Guide to Shift Care

PHARMACY PULSE

- 10** Pharmacy Formulary Changes
- 11** LARCs: What's Covered and How to Access It

DENTAL DISPATCH

- 12** Opioid Use and Its Impact on Oral Health

NOTICE REMINDERS

- 13** Remote Patient Monitoring Requirements and Compliance
- 13** Bridging the Gap in Culturally Competent Care
- 14** Resources Available to Members
- 15** Help Prevent Fraud
- 15** Reminder to Review and Update Your Provider Data

UPDATED POLICIES/BULLETINS

- 16** Updated Policies/Bulletins
- 17** CDC Immunization Schedule Update

Required Trainings and Annual Reminders

Annual training for network providers

Register now for an upcoming quarterly provider training.

In addition to the live webinar, you may also complete the online training course, available through our online University.

2025 access and availability survey

Our provider access, appointment, and telephone availability standards survey is available online. We ask that you complete the survey using your unique survey ID number. We require one survey to be completed for each survey ID number, which equates to each provider's office location.

Completion of the **2025 access and availability survey** is **required** for all participating provider groups and **must be completed by December 31**.

If you have any questions or need assistance locating your survey ID, please email aasurvey@jeffersonhealthplans.com.

ADA compliance attestation

As part of our ongoing efforts with federal and state regulations and compliance, we require all participating providers to attest that their practice locations meet the requirements set forth by the Americans with Disabilities Act (ADA).



Please complete the required **ADA site visit attestation form** located on our website.



What to Expect for the 2026 HEDIS Review Season

HEDIS 2026 chart review

In early 2026, we will conduct our annual HEDIS (Healthcare Effectiveness Data and Information Set) 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 streamline the review process while minimizing disruptions to your daily operations:

- We will call your office to request records for review.
- We will fax your office a list of required records.
- We are requesting providers email (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 to scan documentation on a secure laptop to avoid copying and transporting records.

If your office uses electronic medical records, contact Kim Maund, QM Specialist at kmaund@jeffersonhealthplans.com or **215-845-4788** to discuss chart collection options.

You may also call Terry McKeever, MS, BSN, RN, CPHQ 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.



HEDIS focus: breast cancer screening (BCS-E)

In accordance with U.S. Preventive Services Task Force (USPSTF) updates for breast cancer screening guidelines, NCQA is expanding the age range to 40-74 years old (**Updates to Breast Cancer Screening Age Range for HEDIS MY 2025 - NCQA**).

This measure looks at the women ages 40-74 years old who were recommended for routine breast cancer screening and had a mammogram to screen for breast cancer.

Exclusions to this measure are:

- They had hospice services in the past calendar year
- They received palliative care in the past calendar year
- They died during the past calendar year
- They had a bilateral mastectomy
- They are 66 years old or older and have had a diagnosis of frailty and advanced illness

Please refer to the **USPSTF final recommendation statement for breast cancer screening**.

HEDIS focus: WCC

The Weight Assessment and Counseling for Children/Adolescents (WCC) HEDIS measure evaluates children ages 3-17 to determine whether they have had a PCP or OB/GYN visit in the past calendar year that included:

- BMI percentile (**NOT** a BMI value)
- Counseling for nutrition
- Counseling for physical activity

We can conduct chart reviews for this HEDIS measure, but providers may also submit the appropriate accepted ICD-10 or HCPCS codes for the components of the WCC measure.

• BMI percentile

- Z68.51 – Body mass index [BMI] pediatric, less than 5th percentile for age
- Z68.52 – Body mass index [BMI] pediatric, 5th percentile to less than 85th percentile for age
- Z68.53 – Body mass index [BMI] pediatric, 85th percentile to less than 95th percentile for age
- Z68.54 – Body mass index [BMI] pediatric, greater than or equal to 95th percentile for age

• Counseling for nutrition

- Z71.3 – Dietary counseling and surveillance
- 97802 – Medical nutrition therapy, initial assessment, and intervention
- 97803 – Medical nutrition therapy, reassessment, and intervention
- 97804 – Group medical nutrition therapy
- G0447 – Face-to-face behavioral counseling for obesity

• Counseling for physical activity

- Z02.5 – Encounter for examination for participation in sport
- Z71.82 – Exercise counseling
- S9451 – Exercise classes, non-physician provider, per session
- G0447 – Face-to-face behavioral counseling for obesity

A member/patient may be excluded from this measure if:

- They were pregnant in the past calendar year
- They had hospice services in the past calendar year
- They died during the past calendar year

For additional guidance, please refer to the [**American Academy of Pediatrics Bright Futures Tip Sheet for Promoting Healthy Weight.**](#)



Enhancing outpatient care through antibiotic stewardship

Antibiotic stewardship is the effort to improve how antibiotics are prescribed and used — critical for treating infections effectively, protecting patients from unnecessary harm, and combating antibiotic resistance.

Visit the CDC website for comprehensive guidance, current reports, and resources:

- [**Core Elements of Outpatient Antibiotic Stewardship**](#)
- [**Antibiotic Use in the United States: 2024 Update**](#)
- [**Be Antibiotics Aware Partner Toolkit**](#)

Improving Asthma Management

With 1 in 13 Americans living with asthma and over 1 million annual ER visits for asthma-related concerns, effective management is critical to preventing severe exacerbations and improving patient outcomes.

Asthma medication ratio (HEDIS measure)

This measure tracks the percentage of patients 5–64 years of age who were identified as having persistent asthma and had a ratio of 0.5 or higher of controller medications to total asthma medications during the measurement year.

Asthma medication ratio = units of controller medications / units of total asthma medications.




For GINA guidelines, medication management best practices, and additional info, download our **Asthma Management Provider Resource Guide**.



Benefits of Integrating Physical and Behavioral Health Care

Whole-person care is essential to achieving better health outcomes for patients. Integrating physical and behavioral health services allows providers to address the full spectrum of a patient's needs — acknowledging that mental and physical health are deeply interconnected.

When care is coordinated, especially following emergency room (ER) visits or inpatient stays, patients experience improved outcomes. This integrated approach leads to:

-  Enhanced overall well-being
-  Reduced hospital readmissions and ER utilization
-  Lower total healthcare costs

Reducing risks through communication and coordination

Effective communication and collaboration among health care providers enables the early identification and management of behavioral health crises. This proactive approach reduces the likelihood of patients returning to the ER or being readmitted to the hospital.

Collaboration for better patient outcomes

Collaboration ensures that every care provider understands the patient's needs, which leads to better treatment decisions and avoids conflicting approaches. This shared understanding not only increases the chances of achieving the best possible patient outcomes but also enhances patient satisfaction.

Visit our [Clinical Resources](#) webpage or contact your Provider Relations representative for more information and behavioral health resources.

Source: <https://www.ncbi.nlm.nih.gov/books/NBK601636/>

Key Information on Hepatitis C Screening and Treatment

Hepatitis C (HCV) is a significant health concern in the U.S. Over half of those affected develop chronic conditions such as cirrhosis or liver cancer, though most individuals remain asymptomatic for years, often diagnosed incidentally.

The primary modes of transmission include injection drug use and birth from an HCV-infected mother, with the most common genotypes in the U.S. being 1a, 1b, 2, and 3.

CDC screening recommendations

Universal screening is recommended for all adults (18+) and all pregnant women during each pregnancy, except in settings with a prevalence of less than 0.1%.

High-risk groups, including people who have ever injected drugs, individuals with HIV, those on maintenance hemodialysis, and anyone born to an HCV-positive mother, should also be tested. Other individuals who may benefit from testing include people with abnormal ALT levels, recipients of blood products or organ transplants prior to 1992, health care workers exposed to HCV-positive blood, and anyone requesting testing.

Diagnosis and treatment

Diagnosis follows a two-step process: first, an HCV Antibody Test, followed by an HCV RNA Test. A positive RNA test confirms current infection. Evaluation should also include liver disease assessment, vaccination for Hepatitis A & B, alcohol use screening, and HIV testing.

Treatment should begin immediately for anyone with detectable HCV RNA, with the exception of pregnant women and children under 3 years old. Over 90% can be cured with 8–12 weeks of oral therapy.

Health Partners Plans/Jefferson Health Plans offer coverage for Epclusa (12 weeks) and Mavyret (8 weeks). Health Partners Plans Medicaid/CHIP requires no prior authorization if using in-network specialty pharmacies; Jefferson Health Plans Medicare Advantage/Individual and Family Plans require prior authorization. A complete list of our in-network specialty pharmacies can be found on our website under **Medication Management and Adherence**.





Care Coordination Support for You and Your Patients

Health Partners Plans/Jefferson Health Plans offers care coordination programs to support your treatment recommendations and help members achieve their health care goals.

Members can work with our care coordination staff to find solutions to reduce or eliminate barriers to care. These programs are designed to address the needs of our members across the life continuum from pregnancy to childhood and adulthood.

To learn more or refer a member, contact us at **215-548-4797** or submit our **program referral form** to **ClinicalConnections@Jeffersonhealthplans.com**.

Connect with Centers of Excellence for OUD Care

Centers of Excellence (COEs) are health centers/clinics that provide support and resources for people seeking Opioid Use Disorder (OUD) services and treatment, including:

- One-on-one counseling
- Intensive group therapy and education
- Case management, screenings, and assessments
- Telehealth services

Visit our website for a list of COEs. 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.

Prescribing guidelines

Because of the wide-reaching impact of opiate addiction, the State of Pennsylvania has a dedicated **prescribing guidelines website** on the safe and effective use of opioids in the treatment of pain. The CDC also provides **clinical practice guidelines for prescribing opioids for pain**.

If you have any questions, you can also contact the Provider Services Helpline at **1-888-991-9023**, Monday–Friday, 9 a.m. to 4:30 p.m.



Your Guide to Shift Care

What is shift care?

Shift care provides medically necessary in-home or community-based care for Medicaid members under 21. It includes services from a **Home Health Aide (HHA)** or **Skilled Nursing**, and can be delivered at home, school, daycare, or other settings. Members aged 21 and older may apply for services through a Pennsylvania state waiver.

Role of a Home Health Aide (HHA):

HHAs assist with Activities of Daily Living (ADLs) such as:

- Ambulation
- Feeding
- Bathing
- Dressing
- Toileting
- Incontinence and personal care

HHAs cannot:

- Administer medication or enteral nutrition
- Provide transportation
- Make medical appointments
- Manage behaviors or provide behavioral health care

Requesting shift care services

Required documentation:

1. Letter of Medical Necessity (LOMN) including:
 - Level of care (Skilled Nursing or HHA)
 - Days and hours requested
 - Medical justification for hours
 - Whether a parent will be the paid HHA or if care supports the parent's work/school schedule, or parental care of the member's siblings
 - Specific skilled care needs (e.g., G-tube, vent care)
 - ADLs requiring hands-on assistance
2. Additional documents:
 - Recent office visit notes (within 6 months)
 - Autism Diagnostic Report or Developmental Pediatrics note (if applicable)
 - Caregiver work verification or doctor's note (if disabled)
 - School schedule and IEP (if applicable)
 - School letter explaining inability to provide care (if services needed at school)

ADLs vs. IADLs (Instrumental Activities of Daily Living):

ADLs

Basic self-care tasks
(e.g., bathing, dressing, eating)

IADLs

More complex tasks
(e.g., shopping,
managing finances, cooking)

For children, IADLs are typically not considered part of daily care.

Developmental considerations:

ADL needs should be assessed based on the child's developmental age, not just medical condition. For example, a 2-year-old would naturally need help with all ADLs, while a 10-year-old might only need supervision.

All information should be included when submitting an authorization request through our provider portal (HealthTrio). Providers can submit both initial and reauthorization requests within the portal.

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 2025 Formularies](#)

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:

[Health Partners Plans Medicaid Formulary Changes #178 \(updated March 2025\)](#)

[Health Partners Plans Medicaid Formulary Changes #179 \(updated August 2025\)](#)

Effective October 1, 2025, the Medical Assistance Program will no longer cover brand name Retin-A products and Xifaxan 550 mg tablet due to the drug manufacturers no longer participating in the Medicaid Drug Program. These drugs will not be eligible for approval through prior authorization. Xifaxan 200 mg tablet will be eligible for approval through prior authorization for patients with a diagnosis of hepatic encephalopathy. This change is effective for the Health Partners Plans Medicaid line of business.

Affected Medications	Preferred Alternative(s)*
Retin-A 0.1% cream Retin-A 0.05% cream Retin-A 0.025% cream Retin-A 0.01% gel Retin-A 0.025% gel	Tretinoin 0.1% cream Tretinoin 0.05% cream Tretinoin 0.025% cream

*A prior authorization is required for beneficiaries age 21 years or older

Affected Medications	Requirements
Xifaxan 550 mg tablet	Not eligible for approval through prior authorization
Xifaxan 200 mg tablet	Prior authorization required; approvable for a diagnosis of hepatic encephalopathy (HE) only

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: [Jefferson Health Plans IFP Formulary Changes](#)



LARCs: What's Covered and How to Access It

Long-Acting Reversible Contraception (LARC) provides long-term pregnancy prevention for 3-10 years, depending on the product. LARCs come in two forms — intrauterine devices (IUDs) inserted into the uterus and implants placed into the arm. According to the American College of Obstetricians and Gynecologists, LARC methods are 20 times more effective than birth control pills, the patch, or the ring. However, neither the IUD nor the implant protects against sexually transmitted infections or HIV.

We cover the following LARC options through the Pharmacy benefit.

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

For a complete list of contraceptives covered, please refer to the **DHS Preferred Drug List**.

Stellar Rx™

We have renewed collaboration with Stellar Rx to provide point of care dispensing of family planning medications. We now also cover point of care dispensing of LARCs and other contraceptives through the Stellar Rx™ XpeDose system.



If you have additional questions or are interested in partnering, please contact the Stellar Rx Pharmacy Team at 610-910-9580 (option 1).

Opioid Use and Its Impact on Oral Health

The opioid crisis has emerged as one of the most pressing public health challenges in recent decades, with far-reaching consequences that extend beyond addiction and overdose. Among the lesser-known but significant effects of opioid use is its impact on oral health. Whether prescribed for pain management or used illicitly, opioids can lead to a cascade of dental and periodontal issues that compromise overall well-being.

Opioid use can have serious consequences for oral health, yet it is often overlooked in discussions about addiction. Addressing these challenges requires collaboration between dentists, addiction experts, and public health professionals. Visit our online [**Provider Directory**](#) if you need assistance finding dental care for your patient.

Common signs and symptoms:

Xerostomia (dry mouth): Increased dry mouth is a common side effect of opioid use.

Caries and periodontal disease: A combination of neglect in oral hygiene habits and increased sugar intake from changes in diet can cause caries and periodontal disease.

Altered taste and dietary habits: Opioids interact with the brain's reward system, which also regulates taste and appetite.

Reduced pain sensitivity: Analgesic properties of opioids can mask dental pain, allowing infections and decay to progress unnoticed.

Bruxism (teeth grinding): A common side effect of opioid use is that it can lead to excessive tooth wear and chipped teeth.



Remote Patient Monitoring Requirements and Compliance

The Office of the Inspector General (OIG) has published a report focusing on remote patient monitoring (RPM). RPM is a technology-based health care service, designed to allow providers to monitor a patient's various data points such as weight and blood pressure without the need for an in-person appointment.

The report focuses on ways Medicare Advantage plans ensure members have access to the services they need, while minimizing the potential for fraud, waste, or abuse.

Our **remote patient monitoring policy** outlines the criteria which must be met for a claim to be considered eligible for reimbursement:

- RPM devices must be supplied by the provider
 - The use of personal devices is not approved for use in RPM
- Monitoring devices must be:
 - Food and Drug Administration (FDA) approved and meet the FDA definition of a medical device
 - Able to digitally (automatically) upload patient data (i.e., data cannot be self-reported by the member)
 - Able to transmit patient data through a secure connection established by the prescribing provider
 - Referred by a physician or qualified licensed healthcare provider
- RPM programs must have data available upon request
- Delivery of RPM services must conform to professional standards of care: ethical practice, scope of practice and relevant federal, state, and institutional policies and requirements, such as Practice Act and Licensing Board rules

For more information, view the [**Office of the Inspector General's report on RPM**](#).

Bridging the Gap in Culturally Competent Care

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, both 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 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.

Member rights

Members have the right to receive services in a culturally and linguistically appropriate manner, which includes consideration for members with limited knowledge of English, limited reading, vision, hearing skills, and those with diverse cultural and ethnic backgrounds.

Resources Available to Members

Members needing translation or language services, including sign language and TTY services, can call our Member Relations line at **1-800-553-0784 (TTY 1-877-454-8477)**.

We have an online interpreter service that provides over 140 languages and is available 24 hours a day, seven days a week.

There is no cost to members for this service.



Americans with Disabilities Act (ADA):

As per Section 504 of the Rehabilitation Act of 1973, we require practitioners to abide by ADA requirements. These include:

- Handicapped parking spaces and restrooms
- Access ramps where applicable

If a practitioner's site does not meet ADA standards, alternatives include:

- Home visits
- Access at another site that meets ADA requirements
- Bathroom facilities elsewhere in the building or portable bathroom facilities

We require providers to attest that their practice locations meet the above standards. Visit our **[ADA Compliance Attestation](#)** page to complete your attestation today.

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



Help Prevent 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 an essential tool to improve our services. It also enables the organization to take appropriate actions to mitigate risks from happening again.

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.

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 fraud, waste and abuse (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:
<https://www.mycompliancereport.com/report?cid=JEFF>



Reminder to Review and Update Your Provider Data

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

Providers should check the DHS PROMISe system on a routine basis to confirm demographic data, including all service locations/revalidation dates to ensure information is current and that you have an active PROMISe ID. Please visit the DHS webpage at **www.pa.gov/agencies/dhs/resources/for-providers/promise/promise-provider-enrollment** for requirements and step by step instructions.

Participating provider groups should submit data changes on company letterhead 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.

Updated Policies/Bulletins

Medical Necessity Policies

- MN.021.A Panniculectomy and Abdominoplasty
– *References updated*
- MN.022. B Reduction Mammoplasty
– *Additions made to product variation, policy statement. Revisions made to policy guidelines. References updated.*
- MN.026.A Continuous Glucose Monitors
– *This is a new policy*

Claim Payment Policies

- RB.006.D Stat Labs
– *Policy guidelines updated*

Drug Policies

- DR.002.G Intravenous Immune Globin (IVIG)
– *HCPCS codes added.*
- DR.009.D TEPEZZA®
(teprotumumab-trbw)
– *Prior Authorization Criteria and Monitoring section updated. ICD 10 diagnosis codes added. References updated.*
- DR.020.B Casgevy®
(exagamglogene autotemcel)
– *HCPCS and ICD 10 codes added.*
- DR.022.B Zynteglo™
(betibeglogene autotemcel)
– *HCPCS and ICD 10 codes added. References updated.*

Department of Human Services (DHS) Medical Assistance Bulletin (MAB) Releases

Prior Authorization Guidelines for Enteral Nutrition: MAB2025091901

DHS has released a Medical Assistance Bulletin to advise enrolled providers of the guidelines for prior authorization to support the medical necessity of prescriptions for enteral nutrition.

As a reminder, our MN.018.A Medical Nutritional Support policy can be found in our [Policy Bulletin Library](#).

Electronic Visit Verification Manual Edits Noncompliance in the Fee-for-Service Delivery and Managed Care Delivery Systems: MAB2025082901

DHS has released a Medical Assistance Bulletin to inform providers how the Department of Human Services will enforce compliance with Electronic Visit Verification (EVV) requirements **effective January 1, 2026**, and remind providers of existing EVV resources.

Prior Authorization Guidelines for Wearable Air Conduction Hearing Aids: MAB2025091902

DHS has released a Medical Assistance Bulletin to advise enrolled providers of the guidelines for prior authorization to support the medical necessity of prescriptions for wearable air conduction hearing aids.

To review the complete MAB for any of the subjects above, visit [Bulletin Search | Department of Human Services | Commonwealth of Pennsylvania](#) and enter the associated MAB number in the search field.



CDC Immunization Schedule Update

The Centers for Disease Control and Prevention (CDC) recently updated its adult and child immunization schedules to apply individual-based decision-making to COVID-19 vaccination and recommend that toddlers receive protection from varicella (chickenpox) as a standalone immunization rather than in combination with measles, mumps, and rubella vaccination.

Visit the CDC's [**Immunization Schedules**](#) webpage to review the updated guidance.

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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