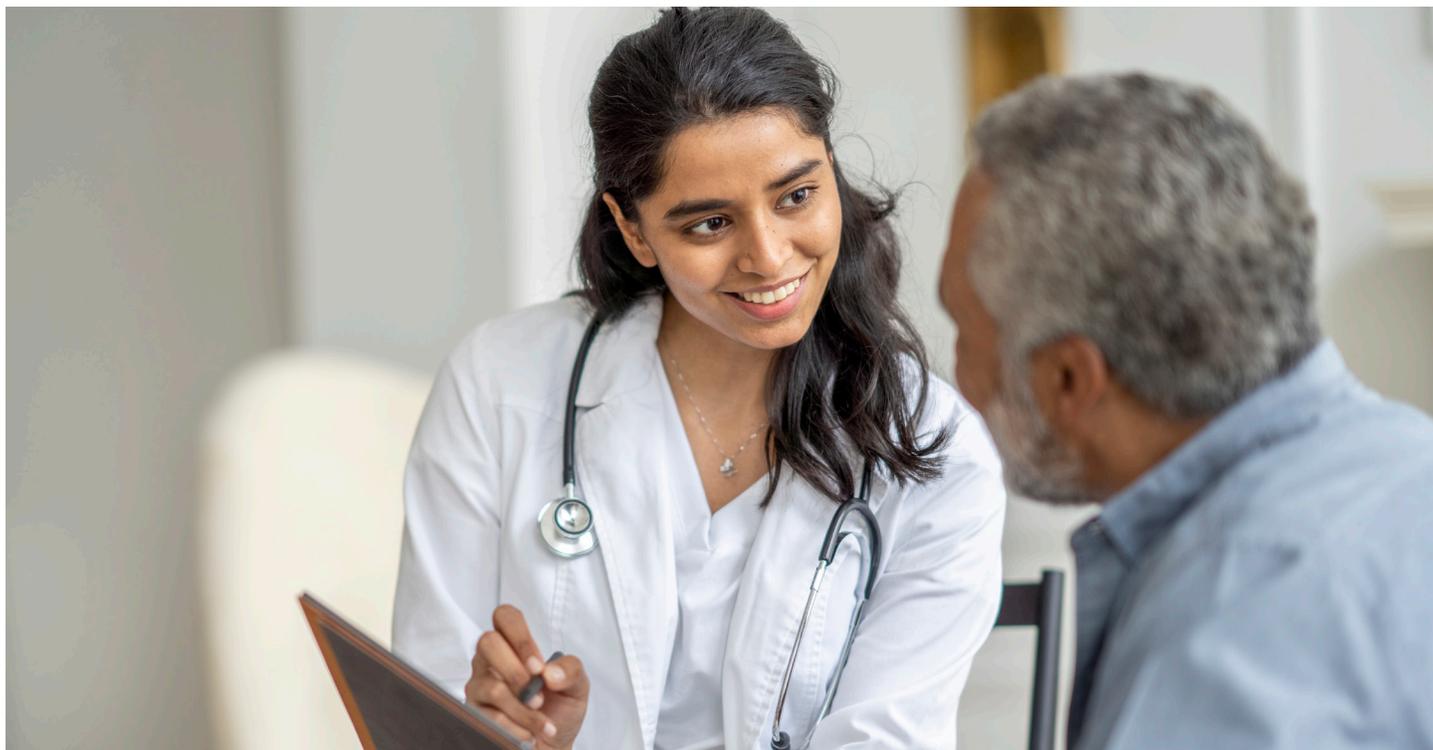


# Provider Check Up



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.

**As we move into 2026, we hope you are refreshed and ready for the year ahead! This time of year allows us to set goals and expectations for your patients and our members.**

We deeply value your dedication to our members and the exceptional care you provide. As we look ahead, be on the lookout for some changes in our newsletter format, designed to share important news and reminders when you need them.

## **In this issue, you'll find:**

-  Well-child visits during sick visits
-  Reducing prostate cancer disparities
-  Preparing for CAHPS season
-  And more



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## Preparing for CAHPS Season

The Consumer Assessment of Healthcare Providers and Systems, commonly known as CAHPS, is the national standard for measuring and reporting on consumers' experiences with health plans, providers, and services. CAHPS surveys measure patients' perceptions of the quality of care received, such as:

- Ease of access to providers and health care services
- Quality of the patient–provider relationship
- Communication skills of physicians and practitioners

Each year, between March and June, a sample of Medicaid, CHIP, and Medicare members receive the survey via mail and phone.

### What actions can you take?

- Identify and address barriers to care
- Encourage staff to be courteous and polite to patients
- Educate your patients on appointment standards and assist with scheduling needed appointments
- Remind patients to use their benefits

These actions help ensure patients are able to get the care they need, schedule appointments in a timely manner, and feel valued through excellent customer service.

Visit our CAHPS Resources webpage for more information on the survey and how to increase member satisfaction.

## What to Expect: Quality Medical Records Requests

Throughout the year, you may receive medical records requests from our Quality Management Department. These mandated requests are part of routine reviews and are exempt from charge and do not require consent from our members, as outlined in your provider contract.

Please note that these requests are time-sensitive, and some may require a direct response letter from the provider, such as those related to a member complaint or an inquiry from one of our Medical Directors.

Reasons our Quality and Clinical review team may collect medical records include (but are not limited to):

- STARS-HEDIS measures
- Pay for Performance (P4P) initiatives
- Medical record review audits
- Complaints or grievances (response letter required)
- Quality of Care (QOC) referrals
- Quality of Care inquiries (response letter required)

To help reduce the burden on your staff, please consider granting remote access to your electronic medical record (EMR) account to one of our designated staff members. We will communicate the purpose and timeline for each medical record request and follow your established protocols, in addition to adhering to our privacy and security measures.

For assistance, contact our QM Specialist, Kim Maund, at [kmaund@jeffersonhealthplans.com](mailto:kmaund@jeffersonhealthplans.com).

## Promoting Childhood Immunization Standards

On-time vaccinations throughout childhood are essential because they provide immunity before children are exposed to potentially life-threatening diseases. As health care providers, you play a pivotal role in safeguarding the health and well-being of children and serve as a key resource for parents and families.

One way health care professionals can help ensure children remain healthy is by encouraging families to follow the recommended childhood immunization schedule, which protects infants, children, and teens from harmful diseases. Immunizations are beneficial not only to the child's health but also to the health of the community.

Although many of these recommendations remain the same, providers are encouraged to follow the current Childhood Immunization Schedule issued by the Centers for Disease Control and Prevention (CDC).

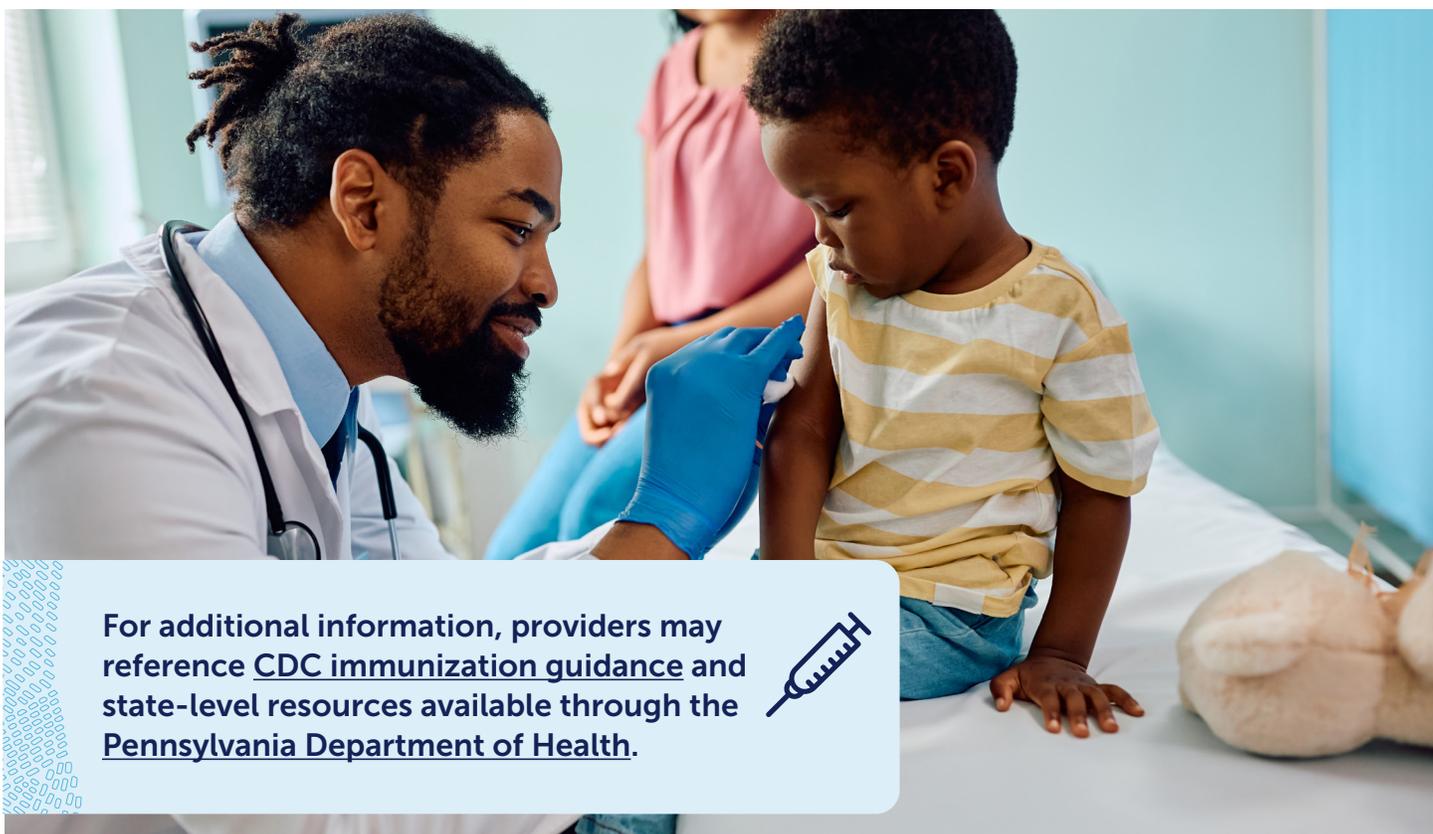
### Immunizations Recommended for Certain High-Risk Groups or Populations

- Respiratory Syncytial Virus (RSV),
- Hepatitis A
- Hepatitis B
- Meningococcal ACWY
- Meningococcal B
- Dengue

### Immunizations Based on Shared Clinical Decision-Making

- Rotavirus
- COVID-19
- Influenza
- Hepatitis A
- Hepatitis B
- Meningococcal ACWY
- Meningococcal B

The Pennsylvania Department of Health recommends following the most recent immunization guidelines issued by the American Academy of Pediatrics (AAP), American Academy of Family Physicians (AAFP), and the American College of Obstetricians and Gynecologists (ACOG).



For additional information, providers may reference [CDC immunization guidance](#) and [state-level resources available through the Pennsylvania Department of Health](#).



## Healthy Pregnancies Through Early Testing

Prenatal care is a widely used preventive service in the United States, intended to enhance the health and well-being of pregnant and birthing individuals and their children through evidence-based interventions. Creating comprehensive and individualized prenatal care plans involves considering each patient's medical history, as well as social and structural determinants of health and personal preferences.

During the first trimester, routine blood and urine tests are performed to assess anemia, blood type (ABO/Rh), infections (such as HIV, hepatitis B and C, and sexually transmitted infections), immunity (rubella), and genetic risks. Urine testing also screens for urinary tract infections (UTIs) and protein. Early ultrasounds and genetic screening options, such as nuchal translucency, help with pregnancy dating, establishing baseline health, confirming pregnancy, identifying potential complications early, and providing insights into fetal health.

Providers are asked to verify with their laboratory supplier that universal HIV and hepatitis C screening are included in the standard obstetric panel. Prior authorization is not required for these tests.

### Laboratory Testing Panels

Labcorp: Pregnancy, Initial Screening Profile (144053) – includes HIV and hepatitis C

Quest Diagnostics:

- Obstetric Panel (20210)
- Obstetric Panel with Fourth Generation HIV (93802)
- Obstetric Panel with Fourth Generation HIV, Hepatitis C Antibody with Reflex (12075)

For additional guidance, visit the American College of Obstetricians and Gynecologists (ACOG) resources on [tailored prenatal care](#) and [routine tests during pregnancy](#).

## Reducing Prostate Cancer Disparities in Pennsylvania

Prostate cancer continues to be a major cause of cancer-related deaths among men in Pennsylvania. As a trusted healthcare provider, you play a vital role in identifying men who may be at risk, beginning discussions about screenings, and making appropriate referrals.

Pennsylvania reports a higher late-stage prostate cancer incidence rate and greater mortality compared to the national average, reflecting significant disparities, particularly for Black men, who face a 7% higher incidence of prostate cancer and are more than twice as likely to die from the disease as White men.

You can make an impact by initiating conversations about prostate cancer risk, offering or referring patients for PSA screening, and educating your community. Collaborating with local cancer organizations can help promote clinical trials and ensure representation across diverse populations. Your proactive efforts can help determine whether cancer is detected early or diagnosed at a late stage, potentially saving lives.

*Adapted from Pennsylvania DOH, Pennsylvania Prostate Cancer Coalition, and Pennsylvania Cancer Coalition, "Take Action to Reduce Prostate Cancer Disparities: A Call to Action for Pennsylvania Health Care Providers," September 2025*

# Maximizing Care: Completing Well-Child Visits During Sick Visit

One of our primary goals is to ensure our youngest members receive the preventive care they need. That's why we encourage providers to complete a well-child visit during a sick visit when appropriate. This opportunity exists when a provider has determined that the condition, illness, or injury prompting the sick visit does not impede the ability to complete a well-child visit and that the child is eligible based on their Care Gap Report. Below is a quick reference guide to assist with this process.

## Quick Reference Checklist: Well-Child Visit During Sick Visit

### Step 1: Confirm Eligibility

- Check Care Gap Report for well-child visit eligibility
- Ensure the illness/injury does not prevent completion of preventive services

### Step 2: Complete EPSDT/Bright Futures Components

- Health & developmental history
- Physical exam
- Age-appropriate lab tests
- Immunizations (if medically appropriate)
- Health education & anticipatory guidance (including dental referral)

### Step 3: Billing & Coding

- Submit both sick visit and well-child visit claims for the same day
- Add Modifier 25 in the first modifier position on the sick visit E&M code
- Use age-appropriate preventive CPT codes:
  - 99381–99385, 99391–99395, 99461
- Include separate identifiable E&M code for sick visit
- Apply correct diagnosis codes for well-child visit:
  - Z00.00, Z00.01, Z00.5, Z00.8, Z00.110, Z00.111, Z00.121, Z00.129, Z02.0–Z02.6, Z02.71, Z02.82, Z76.1, Z76.2
- Document two distinct notes supporting both E&M services

### Examples

Scenario	Well-Child Dx	Well-Child CPT	Sick Visit CPT + Modifier 25
New Patient	Z00.121	99382	99202-25
Established	Z00.121	99392	99212-25
Established	Z00.129	99394	99213-25



### Key Reminder

If Modifier 25 is not in the first position, the sick visit will be denied.

Visit our [Policy Bulletin Library](#) for more information on billing Modifier 25.

## Pharmacy Formulary Changes

### Jefferson Health Plans Medicare Advantage 2026 Updates

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 Premium 6 Tier Formulary: Special, Dual Pearl, Select (SNP Plans)**

**Jefferson Health Plans Core 5 Tier Formulary: Prime, Complete, Silver, Elite, Flex Plus, Flex Pro, Choice**

**Jefferson Health Plans Value 5 Tier Formulary: Giveback, Flex, Choice Plus**

### Health Partners Plans Medicaid

#### Pennsylvania Statewide Preferred Drug List (PDL) – 2026 Updates

See below for updates to the Pennsylvania Statewide Preferred Drug List for 2026.

Formulary: **Health Partners Plans Medicaid**

#### New Drug Class

- Analgesics, Acute Pain Agents

#### Drug Class Changes

- Immunomodulators, Dermatologics (Immunomodulators, Atopic Dermatitis)

#### Changes from Preferred (PRD) Status to Non-Preferred (NPD) Status

*(Non-Preferred drugs require prior authorization)*

- Adalimumab HIGH Concentration Products:
  - Adalimumab-adaz, Adalimumab-adbm (BI labeler), Amjevita, Hadlima 100mg/mL, Humira
- Adalimumab LOW Concentration Products:
  - Adalimumab-aacf, Adalimumab-adbm (BI labeler), Humira, Yusimry
  - Otulfi (Syringe/Vial), Selarsdi (Syringe/Vial), Steqeyma (Syringe/Vial), Yesintek (Syringe/Vial)
- Diclegis Tablet
- Entresto Tablet
- Ilevro Drop, Nevanac Drop
- Invokamet
- Invokana
- Meclizine 50 mg Tablet
- Naproxen suspension
- Nizatidine
- Pradaxa Capsule
- Quinapril-hctz Tablet
- Sajazir
- Spinosad Topical Suspension (all labelers except Parapro [52246])
- Sprycel Tablet
- Tasigna Capsule
- Trimazole (clotrimazole) Cream
- Trimethobenzamide Capsule



## Changes from Non-Preferred (NPD) Status to Preferred (PRD) Status

- Auvi-Q 0.1mg/0.1mL Autoinjector
- Avmapki-Fakzinja Combo PackagePA
- Bromfenac 0.09% Drop (generic Bromday)
- Candesartan Tablet
- Candesartan-hctz Tablet
- Darifenacin ER Tablet
- Dasatinib TabletPA
- Fylnetra (pegfilgrastim-pbbk) SyringePA
- Gomelki CapsulePA
- Gomelki Tablet for SuspensionPA
- Itovebi TabletPA
- Jubbonti (denosumab-bbdz) SyringePA
- Lazcluze TabletPA
- Nilotinib HCl CapsulePA
- Ocrevus
- Opzelura
- Pantoprazole DR Suspension Packet
- Pirfenidone CapsulePA
- Pirfenidone TabletPA
- Rasagiline Tablet
- Revuforj TabletPA
- Romvimza CapsulePA
- Sogroya
- Spinosad Topical Suspension (Parapro [52246] labeler only)
- Synjardy XR
- Tetracycline Capsule
- Ticagrelor 90 mg Tablet
- Tretinoin creamPA,AR
- Tyvaso DPI CartridgePA
- Tyvaso DPI Titration KitPA
- Voranigo TabletPA
- Wyost (denosumab-bbdz) VialPA
- Yeztugo
- Zoryve 0.3% CreamPA
- Zoryve 0.3% FoamPA

For the most up-to-date information regarding our formularies, please visit the [Health Partners Plans Formularies page](#).

### 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 Formulary](#)

### 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 Individual and Family Plans Formulary Changes](#)



## The Link Between Cardiovascular Disease and Oral Health

Cardiovascular disease (CVD) remains one of the leading causes of morbidity and mortality worldwide. While traditional risk factors such as hypertension, diabetes, dyslipidemia, smoking, and obesity are well established, growing evidence suggests that oral health and periodontal disease are associated with cardiovascular risk.

Periodontal disease is a chronic inflammatory condition that affects over 40% of adults over the age of 30. It is believed that the bacteria that cause periodontal disease can enter the bloodstream, creating an environment of chronic systemic inflammation and transient bacteremia. These bacteria and their inflammatory byproducts may contribute to endothelial dysfunction and plaque formation, which increases the risk of CVD.

Studies show that people with moderate to severe periodontal disease are more likely to have heart disease and are at higher risk for heart attacks and strokes, even when other risk factors are considered. These findings suggest that oral health may play a contributory role in the progression of cardiovascular disease.

It is important for health care professionals to recognize the relationship between cardiovascular health and oral health in clinical practice. Providers should regularly screen patients for periodontal disease indicators, such as loose teeth and bleeding gums, and inquire whether patients routinely see a dentist. For individuals identified as being at elevated risk for CVD, early intervention and risk modification strategies, including referral to a dentist, may be beneficial.





## How to report Fraud, Waste, or Abuse

If you suspect fraud, waste, or abuse, report it to our Special Investigations Unit.

Reports can be made anonymously by phone at **1-866-477-4848**,

Reports can also be made directly to regulators or law enforcement:

- OIG Hotline: **1-800-HHS-TIPS (1-800-447-8477)**
- CMS Hotline: **1-800-MEDICARE (1-800-633-4227)**
- DHS Hotline: **1-866-DPW-TIPS (1-866-379-8477)**

## 5 Things to Know on Fraud, Waste, and Abuse

1. CMS can identify health care providers and suppliers who may be at risk of committing fraud based on their relationships with other organizations that have been sanctioned for fraud.
2. An organization enrolled in the federal Medicare and Medicaid programs may be denied participation if an owner or managing employee is affiliated with another previously sanctioned organization. If the organization is already enrolled and such a relationship is identified, it may lose its Medicare and Medicaid billing privileges.
3. CMS may also revoke or deny Medicare enrollment to a provider or supplier that re-enters the program under a different name, bills for services from noncompliant locations, demonstrates questionable ordering or certifying patterns for services or drugs, or owes CMS reimbursement for overpayments.
4. If a provider submits false claims or includes misleading information in its enrollment application, CMS may bar the provider from enrolling in Medicare or Medicaid for up to three years.
5. CMS may also block providers and suppliers who have been revoked from re-entering the Medicare program for up to 10 years. If a provider is revoked from the program a second time, CMS may bar participation in the programs for up to 20 years.

## 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](mailto:Compliance@jeffersonhealthplans.com)**
- To report actual or suspected privacy or security concerns, contact the Privacy Office by emailing: **[PrivacyOfficial@jeffersonhealthplans.com](mailto: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](mailto:SIUtips@jeffersonhealthplans.com)**



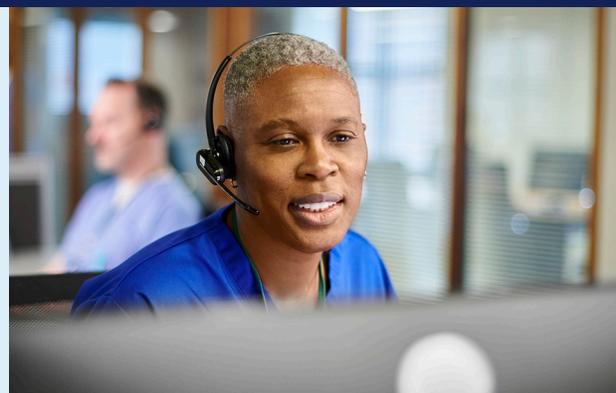
# Notices and Reminders

## 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.



## 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 provider's 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.

### 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

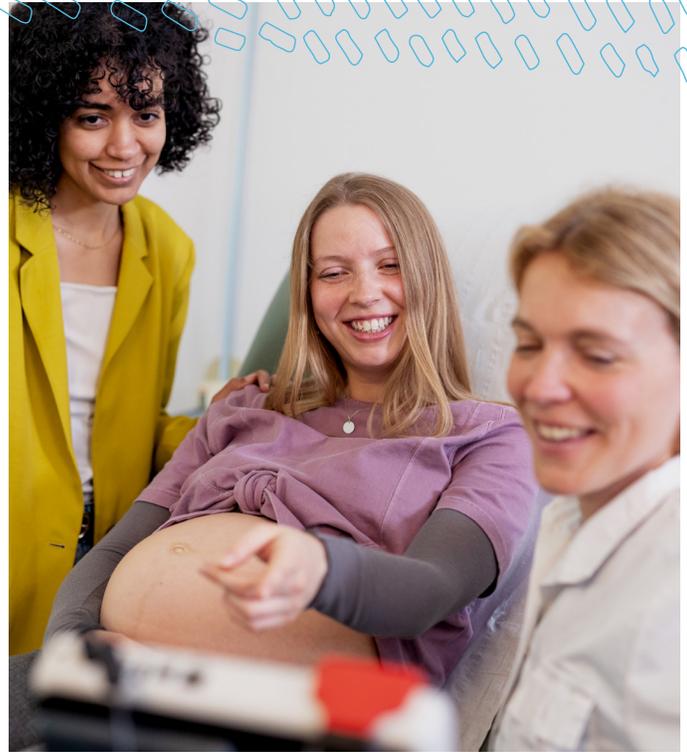
We require providers to attest that their practice locations meet the above standards. Visit our [ADA Compliance Attestation](#) page to complete your attestation today.

## 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 orientation, 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



## 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](http://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](mailto: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

Our medical policy bulletins define medical necessity criteria and coverage positions on topics such as medical services, procedures, durable medical equipment, and therapies. Recent policy additions and updates include the following:

## Medical Necessity Policies

### New:

- MN.027.A External Infusion Pump, Insulin
- MN.028.A Inhaled Nitric Oxide

### Updates:

- MN.011.E Whole Genome and Whole Exome Sequencing – Code list expanded per DHS; references updated
- MN.013.E Shift Nursing, Personal Care and Medical Daycare – No revisions to policy criteria; references updated
- MN.015.C Standards of Medical Necessity – Addition to policy statement
- MN.018.A Medical Nutritional Support – No revisions to policy criteria; references updated
- MN.010.I Gender Affirming Surgery – Renamed; revisions to terminology, policy statement, and coding sections; references updated

## Claim Payment Policies

### Updates:

- RB.018.B Medicare Readmissions – Policy statement revised; policy guidelines revised
- RB.032.A Adjudication of Claims from Non-Participating Providers (Medicaid and CHIP) – Reissued with no revisions
- RB.033.B Vaccine Coding and Reimbursement – Reissued with no revisions
- RB.034.A Adjudication of Claims from Non-Participating Providers (Medicare) – Reissued with no revisions
- RB.035.B Preventive Care Services (Jefferson Health Plans Individual and Family Plans) – Addition to breast cancer screening guidelines
- RB.037.B Readmission Procedure (Individual and Family Plans) – Policy statement and policy guidelines revised

## Drug Policies

### New:

- DR.023.A Vyvgart (efgartigimod alfa-fcab)
- DR.024.A Encelto

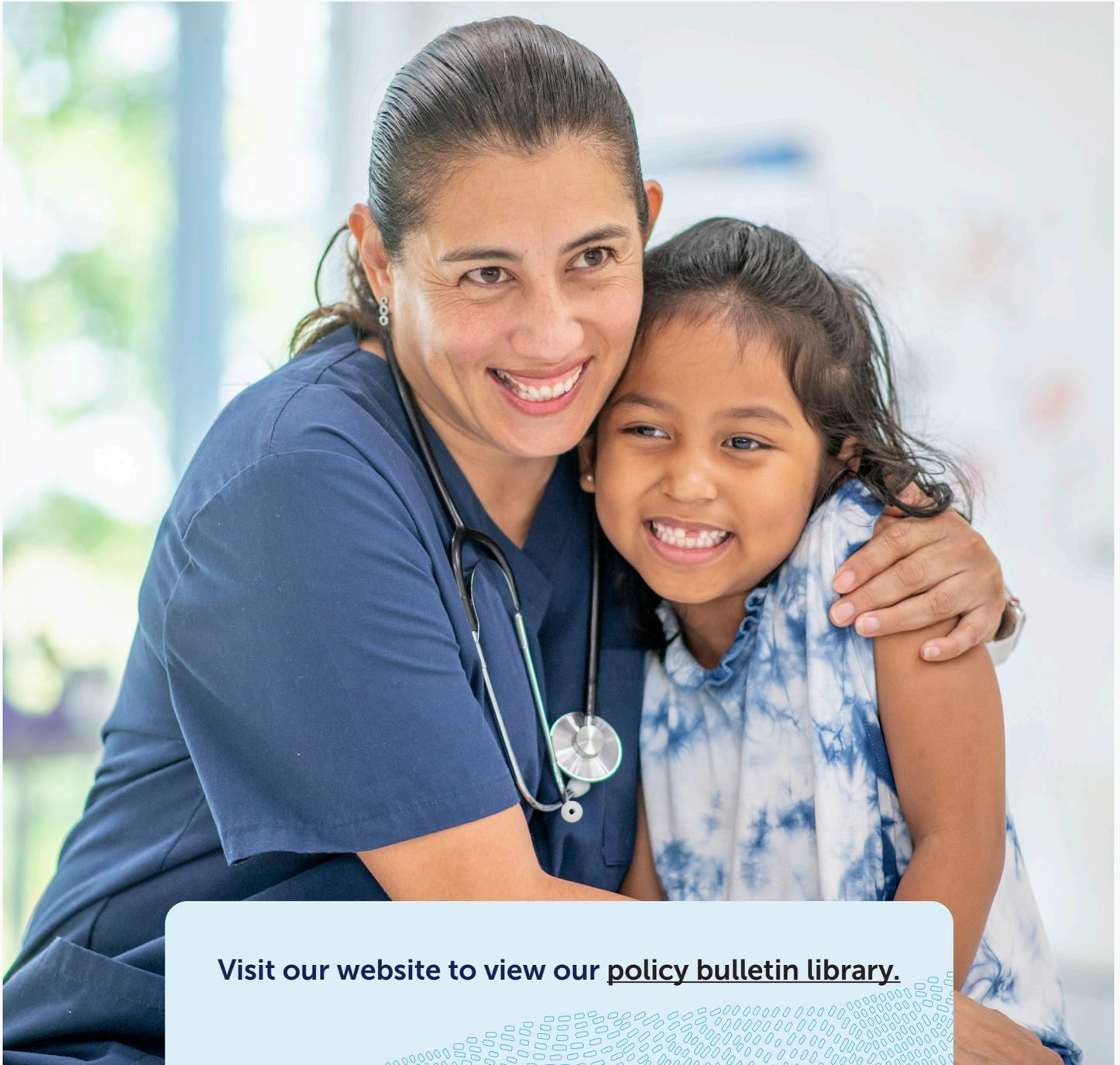
### Updates:

- DR.003.D OCREVUS® (ocrelizumab) – Additions to risk factor, monitoring, clinical evidence, and background sections
- DR.010.D Xiaflex® (collagenase clostridium histolyticum) – Additions to dosage and administration, contraindications, and risk factor and side effects sections; references updated
- DR.016.C Elevidys® (delandistrogene moxeparvovec-rokl) – Revisions to FDA indications, prior authorization criteria, renewal criteria, risk factor and side effects, clinical evidence, dosage and administration sections; ICD-10 codes added; references updated
- DR.021.B Lyfgenia™ (lovotibeglogene autotemcel) – ICD-10 codes added; additions to FDA-approved indications and dosage and administration sections
- DR.006.G Complement Inhibitors: Eculizumab & Ravulizumab – Drug names added; revisions to FDA indications, prior authorization criteria, dosage and administration, black box warning, coding, and background sections; references updated
- DR.011.E IgG1 Monoclonal Antibodies for Alzheimer's – Drug name added; revisions to prior authorization criteria, dosage and administration, risk factor and side effects, coding, and clinical evidence sections
- DR.020.C Casgevy® (exagamglogene autotemcel) – Revisions to FDA-approved indications, prior authorization criteria, dosage and administration, and monitoring sections; references updated
- DR.021.C Lyfgenia™ (lovotibeglogene autotemcel) – Revisions to prior authorization criteria, dosage and administration, and monitoring sections; references updated

**Department of Human Services (DHS) Medical Assistance Bulletin (MAB) Releases**  
**School-Based ACCESS Program Provider Handbook Update**

DHS has released Medical Assistance Bulletin 2025111801 announcing an updated School-Based ACCESS Program (SBAP) provider handbook for Local Education Agencies (LEAs) enrolled in the Medical Assistance (MA) Program that provide school-based services through SBAP.

To review the complete MAB for any of the subjects above, visit [\*\*Bulletin Search | Department of Human Services | Commonwealth of Pennsylvania\*\*](#) and enter bulletin number 2025111801 in the search field.



**Visit our website to view our [policy bulletin library](#).**



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.

 [Provider Resources](#)

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