

RB.034.A Adjudication of Claims from Non-Participating Providers (Medicare)

Original Implementation Date : 01/01/2024
Version [A] Date : 01/01/2024
Last Reviewed Date: 09/22/2025

PRODUCT VARIATIONS

This policy only applies to Jefferson Health Plans **Medicare Advantage** product line.

Application of Claim Payment Policy is determined by benefits and contracts. Benefits may vary based on product line, group, or contract. Payment may vary based on individual contract.

POLICY STATEMENT

1) Jefferson Health Plans Medicare HMO Products

The plan limits coverage to services rendered by participating network providers with few exceptions in their Jefferson Health Plans Medicare HMO products.

A. NON-PARTICIPATING PROFESSIONAL PROVIDERS

The plan will reimburse non-participating professional providers for the following services.

- Emergency care such as an emergency room care, emergent transportation, and Urgent Care Center services.
- Observation Care.
- Professional services during an approved inpatient stay.
- Professional services related to covered outpatient dialysis services.

B. NON-PARTICIPATING FACILITY/ANCILLARY

The plan will reimburse non-participating facility providers for the following services without a prior authorization:

- Emergency care such as an emergency room visit, emergent transportation, and Urgent Care Center services.

- Observation Care.
- Life sustaining dialysis services.

Claims for all other services by non-participating providers will be denied as non-covered. However, the member or provider can request an out of network prior authorization to justify coverage and payment.

2) Jefferson Health Plans PPO Products

Jefferson Health Plans Medicare Members with Jefferson Health Plans PPO products can go out-of-network. Cost-sharing may vary based on the individual benefit plan.

Jefferson Health Plans Medicare PPO Out of Network (OON) services do not require prior authorization.

The plan will follow the Centers for Medicare & Medicaid Services (CMS) policies related to coverage, coding, and reimbursement.

The plan will reimburse non-participating facility/ancillary providers in accordance with all applicable CMS methodologies.

POLICY GUIDELINES

To obtain review for services that will be rendered by a non-participating practitioner, prior authorization must be requested by contacting the UM Department, except for those services listed above. (This does not apply to Jefferson Health Plan PPO Medicare products.) The facts and circumstances related to the request will be reviewed and a coverage determination will be issued.

Claims must be submitted reporting the name of the rendering practitioner. Payments are made directly to the provider.

To be eligible for payment, Non-Participating Providers must have the following:

- Active NPI.
- Active professional license or certification in the state where service was provided.
- Confirmed Tax ID w/ signed W9 form.
- No active sanctions.
- Not precluded nor opted out from Government Programs.

BENEFIT APPLICATION

This Reimbursement Policy does not constitute a description of benefits. Rather, this assists in the administration of the member's benefits which may vary by line of business. Applicable benefit documents govern which services/items are eligible for coverage, subject to benefit limits, or excluded completely from coverage.

DISCLAIMER

Approval or denial of payment does not constitute medical advice and is neither intended to guide nor influence medical decision making. Policy Bulletins are developed to assist in administering plan benefits and constitute neither offers of coverage nor medical advice. This Policy Bulletin may be updated and therefore is subject to change.

POLICY HISTORY

This section provides a high-level summary of changes to the policy since the previous version.

Summary	Version	Version Date
2025 Review. Reissue.	A	01/01/2024
This is a new policy bulletin.	A	01/01/2024

REFERENCES

N/A