

Provider Quick Reference Guide



Provider Services

1-888-991-9023

Provider Portal

[HealthPartnersPlans.com/ProviderPortal](https://www.HealthPartnersPlans.com/ProviderPortal)

As a reminder, our product names have stayed the same!

- Jefferson Health Plans Medicare
- Jefferson Health Plans Individual and Family Plans
- Health Partners Plans Medicaid
- Health Partners Plans CHIP

Provider Support Services

Provider Services Helpline:

1-888-991-9023

(Mon – Fri, 9:00 a.m. – 4:30 p.m.)

Provider Portal:

[HealthPartnersPlans.com/ProviderPortal](https://www.HealthPartnersPlans.com/ProviderPortal)

Services available through our portal include:

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

See page 4 for plan ID cards and claims submission information

Online Resources

www.HealthPartnersPlans.com/home/providers/

Visit our website for more detailed information:

- Provider Manual
- Prior authorization guidelines and forms
- Eligibility and claims information
- News and updates
- Trainings and webinars
- Provider directory
- Formularies
- Clinical resources

Member websites:

- Medicaid and CHIP:
www.HealthPartnersPlans.com
- Medicare Advantage and Individual and Family Plans:
www.JeffersonHealthPlans.com

Medical Management

(UTILIZATION/PRIOR AUTHORIZATION)

1-866-500-4571

- Ancillary Services (DME, home health care): prompts 2, 2
- Inpatient/Outpatient Services (prior authorizations): prompts 2, 3
- Non-Par Service Requests: prompts 2, 4
- Physician Peer-to-Peer Hotline: prompts 2, 1

Inpatient Appeals:

Appeals@jeffersonhealthplans.com

Skilled Nursing Facilities and Rehabilitation:

- Medicare: 215-991-4395
- Medicaid: 267-385-3825
- Fax: 215-991-4125

Pharmacy

Pharmacy Department:

1-866-841-7659

To fax prior authorization requests, please use the numbers below:

- Medicaid and CHIP: 1-866-240-3712
- Medicare Advantage: 1-866-371-3239
- Individual and Family Plans: 1-833-605-4407

Recipient Restriction Program:

Call 215-991-4094 for member information.

Credentialing

Credentialing Status, Correspondence & Enrollment:

Credentialing@jeffersonhealthplans.com

Fax: 215-967-4473

Data changes/Terminations:

DataValidation@jeffersonhealthplans.com

Fax: 267-515-6650

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

ProviderData@jeffersonhealthplans.com

Fax: 215-967-9274

Care Coordination (ALL PLANS)

Refer patients by calling the Provider Services Helpline (1-888-991-9023) or emailing ClinicalConnections@jeffersonhealthplans.com.

Vendor Information



Avësis (DENTAL):

1-800-952-6674

www.myavesis.com/providers



Davis Vision:

1-800-773-2847

www.davisvision.com/eye-care-professionals



ECHO Health (ELECTRONIC FUNDS TRANSFER AND REMITTANCE ADVICE):

1-888-834-3511

www.echohealthinc.com



eviCore (RADIOLOGY, CARDIOLOGY, MSK (JOINT, SPINE, PAIN), AND SLEEP):

1-888-693-3211

<http://www.evicore.com/provider>



eviCore (RADIATION ONCOLOGY, MEDICAL ONCOLOGY, THERAPIES (PT, OT, SPEECH), AND CHIROPRACTIC):

1-888-444-6178



Behavioral Health Services:

- **Health Partners Plans Medicaid:**
Visit <https://www.dhs.pa.gov/HealthChoices/HC-Services/Pages/BehavioralHealth-MCOs.aspx> for the complete listing
- **Health Partners Plans CHIP, Medicare Advantage, Individual and Family Plans:** Optum Behavioral Health
1-877-614-0484, (Monday –Friday, 8 a.m. to 8 p.m. ET.)



Lab Services

- Quest Diagnostics: 1-866-697-8378
- LabCorp: 1-800-745-0233
- NL Lab Medicine: 1-877-402-4221

Quality Management and Audits

Quality Management Department:

1-855-218-2314

STARS/HEDIS Initiatives:

Hedis_records@jeffersonhealthplans.com

Fax: 215-967-9230

Care Gaps:

caregap_records@jeffersonhealthplans.com

Fax: 215-967-9230

Audits:

audit@jeffersonhealthplans.com

Fax: 215-967-4477

QOC/Complaints:

quality@jeffersonhealthplans.com

Fax: 267-515-6648

Compliance, Privacy, and Fraud, Waste and Abuse

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

Call 1-866-477-4848; you may remain anonymous.

Email one of the following email inboxes:

- Compliance@jeffersonhealthplans.com
- siutips@jeffersonhealthplans.com
- specialinvestigationsunit@jeffersonhealthplans.com

Go to www.mycompliancereport.com/report?cid=JEFF; you may remain anonymous.

Claims Submissions/ID Cards

Please see the table on the following page for all claims submission information.

Note: Health Partners Plans/Jefferson Health Plans recommends electronic claims submissions.

EDI (Electronic Data Interchange) support:

EDI@jeffersonhealthplans.com

Claims reconsiderations:

Submit via our provider portal.

Claims inquiries:

Review claims via our provider portal or by calling the Provider Services Helpline at 1-888-991-9023.

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.

Health Partners Plans Medicaid

Member ID is 9 characters,
starting with numeric digits

Payor ID: #80142

PAPER CLAIMS SUBMISSIONS:

Jefferson Health Plans
PO Box 21228
Tampa, FL 33622

Health Partners Plans
ID: <First Name M. Last Name>
DOB: <999999999>
PCP: <Dr. Name>
PROV #: <Dr. Phone Number>
RUBIN: 004336 RUBIN: MCAIDADV RUBIN: RX3892

Health Partners Plans CHIP

Member ID is 10 characters,
starting with either a "3" or "9"

Payor ID: #80142

PAPER CLAIMS SUBMISSIONS:

Jefferson Health Plans
PO Box 21228
Tampa, FL 33622

Health Partners Plans
ID: <First Name M. Last Name>
DOB: <999999999>
PCP: <Dr. Name>
PROV #: <Dr. Phone Number>
RUBIN: 004336 RUBIN: MCAIDADV RUBIN: RX4074

Jefferson Health Plans Medicare – Pennsylvania (HMO/DSNP and PPO)

Member ID is 7 characters,
starting with "5"; PPO or HMO
is identified on the ID card

HMO/ DSNP **Payor ID: #80142**

PPO **Payor ID: #RP099**

HMO: PAPER CLAIMS SUBMISSIONS:

Jefferson Health
Plans PO Box 21228
Tampa, FL 33622

PPO: PAPER CLAIMS SUBMISSIONS:

Jefferson Health
Plans PO Box 21247
Tampa, FL 33622

Jefferson Health Plans
Member Name
Member ID
PCP Name
PCP Phone
RUBIN: 004336 RUBIN: MCAIDADV RUBIN: RX3892
MedicareR
Prescription Drug Coverage X
PCP: SX
Specialist: SX
Urgent Care: SX
Emergency Room: SX
H2027_000

Jefferson Health Plans
Member Name
Member ID
RUBIN: 004336 RUBIN: MCAIDADV RUBIN: RX3892
MedicareR
Prescription Drug Coverage X
In Network Out of Network
PCP: SX SX
Specialist: SX SX
Urgent Care: SX SX
Emergency Room: SX SX
Medicare limiting charges apply.
H2028_000

Jefferson Health Plans Medicare – New Jersey (HMO and PPO)

Member ID is 7 characters,
starting with "5"; PPO or HMO
is identified on the ID card

HMO **Payor ID: #80142**

PPO **Payor ID: #NJ099**

HMO: PAPER CLAIMS SUBMISSIONS:

Jefferson Health Plans
PO Box 21228
Tampa, FL 33622

PPO: PAPER CLAIMS SUBMISSIONS:

Jefferson Health Plans
PO Box 21367
Tampa, FL 33622

Jefferson Health Plans
Member Name
Member ID
RUBIN: 004336 RUBIN: MCAIDADV RUBIN: RX3892
MedicareR
Prescription Drug Coverage X
In Network Out of Network
PCP: SX SX
Specialist: SX SX
Urgent Care: SX SX
Emergency Room: SX SX
Medicare limiting charges apply.
H2028_000

Jefferson Health Plans
Member Name
Member ID
RUBIN: 004336 RUBIN: MCAIDADV RUBIN: RX3892
MedicareR
Prescription Drug Coverage X
In Network Out of Network
PCP: SX SX
Specialist: SX SX
Urgent Care: SX SX
Emergency Room: SX SX
Medicare limiting charges apply.
H2028_000

Jefferson Health Plans Individual and Family Plans

Member ID is 12 characters,
starting with "J"

Payor ID: #80142

PAPER CLAIMS SUBMISSIONS:

Jefferson Health Plans
PO Box 21228
Tampa, FL 33622

Jefferson Health Plans
Member Name
Member ID
PCP Name
PCP Phone Number
RUBIN: 004336 RUBIN: MCAIDADV RUBIN: RX3892
MedicareR
Prescription Drug Coverage X
Tier 1 Tier 2
PCP: SX SX
Specialist: SX SX
Urgent Care: SX SX
Emergency Room: SX SX
Ded Ind Fam: \$X,XXX/\$X,XXX \$X,XXX/\$X,XXX
OOPM Ind Fam: \$X,XXX/\$X,XXX \$X,XXX/\$X,XXX
SAMPLE
JHP-XXXX-XXXX