



RB.032.A Adjudication of Claims from Non-Participating Providers

Original Implementation Date : 9/25/2023

Version [A] Date : 9/25/2023

Last Reviewed Date: 9/21/2023

PRODUCT VARIATIONS

This policy only applies to Jefferson Health Plans (JHP) Medicaid & CHIP lines of business.

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

JHP limits coverage to services rendered by participating network providers with few exceptions.

In most cases, prior authorization must be secured in advance of the rendering of the services eligible for payment to non-participating providers.

JHP will follow the Pennsylvania Department of Human Services (DHS) policies related to coverage, coding, and reimbursement.

NON-PARTICIPATING PROFESSIONAL PROVIDERS

JHP will reimburse non-participating professional providers for the following services without a prior authorization:

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

Claims for all other services by non-participating providers require prior authorization for payment.

JHP reimburses non-participating professional providers in accordance with all applicable PA DHS methodologies.

NON-PARTICIPATING FACILITY/ANCILLARY

HPP will reimburse non-participating facility providers for the following services:

- Emergency care such as an emergency room visit, emergent transportation, and Urgent Care Center services
- Observation Care
- Family Planning Services
- Maternity admissions
- Life sustaining dialysis services
- Professional services during an approved inpatient stay

Claims for all other services by non-participating providers require prior authorization for payment.

JHP reimburses non-participating facility/ancillary providers in accordance with all applicable PA DHS 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. The facts and circumstances related to the request will be reviewed and a coverage determination is 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
- Confirmed Tax ID w/ signed W9 form
- Active professional license or certification in the state where service was provided
- 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 by Health Partners Plans (HPP) 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
2023: This is a new policy bulletin.	A	9/25/2023

REFERENCES

N/A