

WELCOME!

Please read the participation tips below



There is no sound until the webinar begins.



Webinar will be recorded.



All participants have been muted except for the presenter.



Technical issues: Use chat. Select Carrie Thomas or a panelist from the Webex chat dropdown.



Questions: Please use the Q&A Panel when asking questions.



Any questions we are unable to address today, will be answered following the presentation.

Agenda

In this presentation, we will cover:

- Medicare Advantage Products 2024
- Individuals and Families 2024
- Provider Portal
- Claims
- Utilization Management and Prior Authorizations
- Evicore
- Contact & Resources

Overview of 2024 Medicare Advantage Products

2024 Medicare Product Overview - Pennsylvania HMO-POS Plans

- Jefferson Health Medicare is offering seven Medicare Advantage plans with no referrals, expanded supplemental benefits, no medical or Rx deductibles, affordable copays and Part D prescription drug coverage.

Pennsylvania HMO-POS Plans

Complete

Prime

Giveback (New in 2024)

Pennsylvania - PPO Plans

Flex (New in 2024)

Flex Plus (New in 2024)

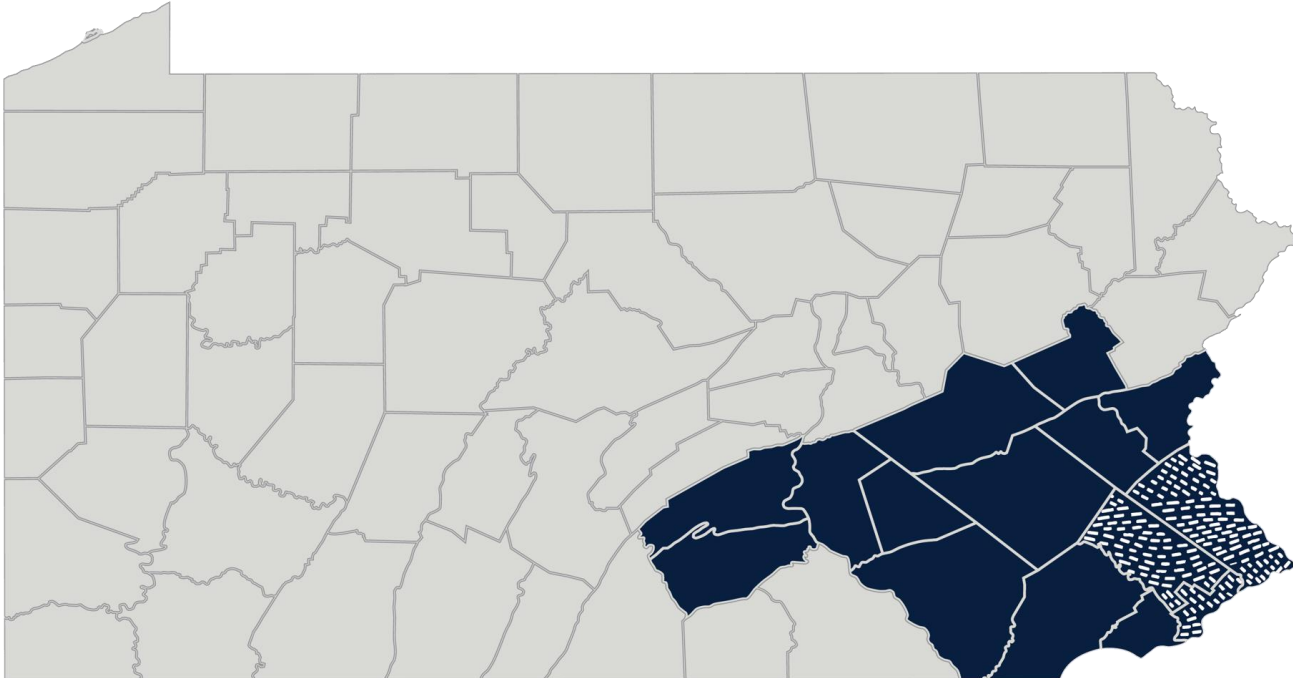
Pennsylvania - HMO DSNP Plans

Dual Pearl (New in 2024)

Special

Where are Jefferson Health Plans' Medicare Plans Available?

- Pennsylvania



- Berks County
 - Bucks County
 - Carbon County
 - Chester County
 - Cumberland County
 - Dauphin County
 - Delaware County
 - Lancaster County
 - Lebanon County
 - Lehigh County
 - Montgomery County
 - Northampton County
 - Perry County
 - Philadelphia County
 - Schuylkill County
-
- **Medicare Advantage**
Complete (HMO-POS)
Prime (HMO-POS)
Flex (PPO)*
Flex Plus (PPO)*
Special (SNP HMO)
 - **Medicare Advantage**
Complete (HMO-POS)
Prime (HMO-POS)
Giveback (HMO-POS)*
Flex (PPO)*
Flex Plus (PPO)*
Special (SNP HMO)
Dual Pearl (SNP HMO)*

2024 Medicare Product Overview - New Jersey HMO Plans

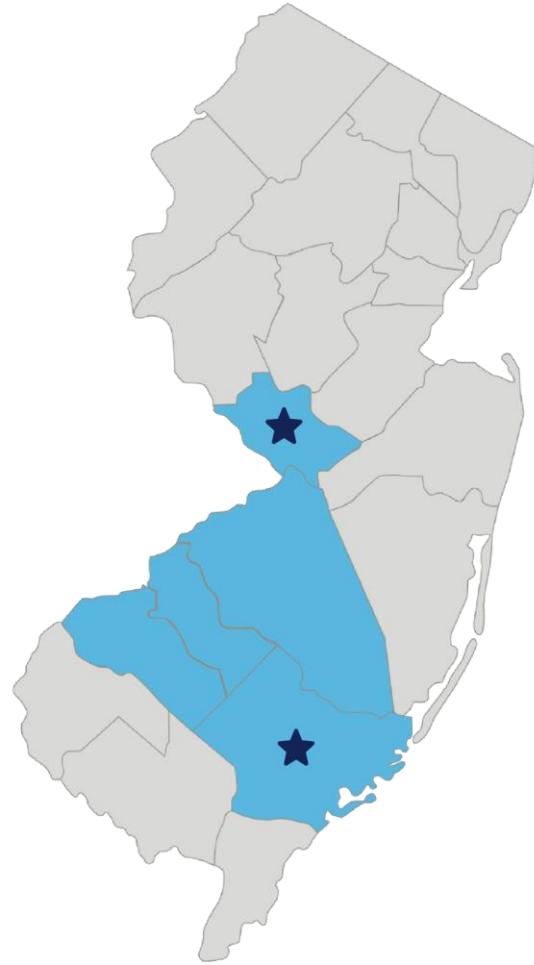
- Jefferson Health Medicare is offering two Medicare Advantage plans with no referrals, expanded supplemental benefits, no medical or Rx deductibles, affordable copays and Part D prescription drug coverage.

New Jersey - HMO-POS Plans	
Silver	Platinum

- Our Medicare Advantage plans offer more benefits than original Medicare including low-cost doctor visits and prescription drug coverage, plus dental, vision and hearing benefits
 - If you would like to learn more about our Medicare plans for PA & NJ, visit <https://www.jeffersonhealthplans.com/medicare/>

Where are Jefferson Health Plans' Medicare New Jersey Plans Available?

New Jersey



- ★ Atlantic County
Burlington County
Camden County
Gloucester County
- ★ Mercer County

● Medicare Advantage
Silver (HMO-POS)
Platinum (HMO-POS)

★ New Counties in 2024

Identification Cards 2024



Jefferson Health Plans Medicare *HMO and PPO

*to be identified in the plan name on the card
(7-digit ID number starting with a “5”)

- Check out our [2024 Member ID Cards](#) on our website!

- Check eligibility and benefits through provider portal by clicking [Provider Portal](#)

Provider Directory | Resources | Patient Management | Office Management | Administration

If you are experiencing an issue when checking a member's Benefits & Eligibility information, we kindly ask you to contact Jefferson Health Plans Provider Services at 888-991-9023. Your patience is highly appreciated as we work diligently to resolve this concern.

Eligibility Search

Conduct Eligibility Search

Last Name Member ID Medicare ID Medicaid ID

Patient:

PCP:

As of:

Gender:

Benefits and Eligibility as of 30 Jun 2022

Download PDF

John Smith

DOB	Address	PCP
Gender		
Member ID	Mail	

Benefit Plan Information

Product	HealthChoices Adult Copay	Status	Active Coverage
		Start Date	12/01/2020
		End Date	01/01/3000

Benefits

Health Benefit Plan Coverage

Family
Active Coverage
HealthChoices Adult Copay
\$0

In and Out of Network

Individuals and Families 2024

What is the Affordable Care Act?

- The ACA is a federal law, but similarly to Medicaid, each state administers its own program in accordance with federal requirements.
- Under the Affordable Care Act, states offer health plans through online marketplaces or “exchanges.” Across all states, there are four categories of ACA plans: **Bronze, Silver Gold, and Platinum**. Jefferson Health Plans is offering Bronze, Silver, and Gold plans.
- PA’s exchange is called **Pennie**.
- ACA plans can be purchased either directly through Pennie (“on exchange”) or through a broker (“off-exchange”). The benefits for a particular plan are the same regardless of how it was purchased, **but a person getting subsidies must purchase through Pennie to receive those subsidies**.

Individuals & Families Plans - New in 2024

- Two Bronze plans (targeting lower premium Bronze plan)
- Six Silver plans (Silver benchmark plan)
- Two Gold plans

Bronze Plans

HMO + \$0 Deductible

Total + HMO

Silver Plans

\$ Deductible + HMO

Balanced + HMO

Total + HMO

Gold Plans

\$0 Deductible + HMO

Total + HMO

Jefferson Health Plans offers off exchange products for all the various plans on exchange in addition to 3 additional off exchange products at the Silver metal level known as our Value products

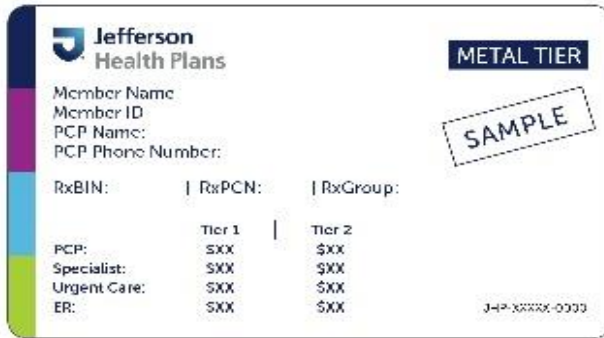
In 2024, Jefferson Health Plans is Entering the ACA Marketplace!

Jefferson Health Plans for Individuals and Families in Philadelphia, Bucks, and Montgomery Counties will be available both on and off the Pennie exchange in 2024.



Built by insurance experts and backed by Jefferson Health, our plans are priced **competitively** for Pennsylvania's ACA marketplace.

Identification Cards 2024



Jefferson Health Individuals and Families (12-digit ID, starting with a “J”)

- Check out our [2024 Member ID Cards](#) on our website!

- Check eligibility and benefits through provider portal by clicking [Provider Portal](#)

The screenshot displays the Jefferson Health Provider Portal interface. At the top, there are navigation links: Provider Directory, Resources, Patient Management, Office Management, and Administration. A warning message is shown: "If you are experiencing an issue when checking a member's Benefits & Eligibility information, we kindly ask you to contact Jefferson Health Plans Provider Services at 888-591-9023. Your patience is highly appreciated as we work diligently to resolve this concern." The main section is titled "Eligibility Search" and includes a "Conduct Eligibility Search" form. The form has radio buttons for "Last Name", "Member ID", "Medicare ID", and "Medicaid ID". The "Patient" field contains "John Smith" with a note "(Last Name Example - Smith, John)". The "PCP" dropdown is set to "All Providers". The "As of" date is "1/18/2024" and the "Gender" dropdown is set to "-Select-". There are "Search" and "Clear" buttons. Below the search form, a "Benefits and Eligibility as of 30 Jun 2022" summary is shown for "John Smith". It includes fields for DOB, Gender, Member ID, Address, and PCP. The "Benefit Plan Information" section shows "Product: HealthChoices Adult Copay", "Status: Active Coverage", "Start Date: 12/01/2020", and "End Date: 01/01/2020". A "View Eligibility History" button is present. The "Benefits" section shows "Health Benefit Plan Coverage" for "Family" with "Active Coverage: HealthChoices Adult Copay \$0".

Provider Portal

Provider Portal

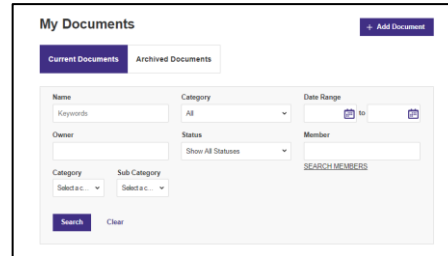
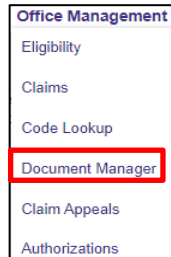
The following transactions and services are available through provider portal, powered by HealthTrio:

- **Eligibility and Benefits** - It's important to verify a patient's eligibility before rendering services to a member. It's recommended to verify eligibility on the date of service, and each time the patient is seen. Benefit plan information is available on the eligibility screen.
- **Claim Status Inquiry** - Providers can search for claims from the Patient Management and Office Management menus.
- **Claims Appeals (Reconsiderations)**- Providers can submit claim appeals and check their status within the provider portal. There is an option to appeal claim decision at the top left corner of the screen. To begin an appeal, select **Claim Appeals**. This will open the Appeal Details screen.
- **Authorization Requests** - Allows a provider to enter service requests online for electronic submission to the health plan. We offer electronic entry of Admission, Outpatient, Specialist, Homecare, and Transportation service request types.

Provider Portal

- **Document Manager** - Supports the uploading and sharing of many kinds of documents between users. This feature supports advanced search capability, categorization and archival of documents, linkage of documents to claims and authorizations and comments between users.

- Care Gap Report
- QCP Reports
- Stars Report
- HEDIS Site Report
- Member Roster



- **Provider Communications** - Important news about Jefferson Health Plans updates, policy, notifications and educational webinars.
 - If you have a business need for these functions and currently do not have access to provider portal, please click the Register/Access by clicking <https://hppprovider.healthtrioconnect.com/app/index.page>
- **Resources**
 - [Provider Registration Guide](#) (PDF)
 - [Local Admin & User Guide](#) (PDF)
 - [Initial User Login Guide](#) (PDF)
 - [Username and Password Reset Guide](#) (PDF)
 - [HP Connect Frequently Asked Questions](#) (PDF)

Claims

Filing Claims

Electronic Filing

Electronic Payor ID for Medicare PPO: RP099

Electronic Payor ID for Medicaid, CHIP, Medicare HMO/DSNP, *Individuals and Families effective 1/1/2024* : 80142

Clearing House: Change Healthcare (formerly Emdeon)

EFT Payments and Remittances: ECHO Health, Inc.

EDI Support: EDI@Jeffersonhealthplans.com

Mailing Address

Medicare PPO

P.O. Box 981735

El Paso, TX 79998-1637

Medicaid, CHIP, Medicare HMO/DSNP, *Individuals and Families effective 1/1/2024*

PO Box 981744

El Paso, TX 79998-1744

Behavioral Health Claims

Must submit to Behavioral Health MCO

For latest listing of BH-MCO's by county, please visit [DHS HealthChoices Behavioral Health-MCO](#)

For KidzPartners (CHIP) and Health Partners Medicare contracts with [Magellan Behavioral Health](#)

Timely Filing

Initial Submissions: 180-days from Date of Service or Discharge Date

Reconsiderations: 180-days from the date of Jefferson Health Plans' Explanation of Payment (EOP)

Coordination of Benefits: 60-days from date of other carriers (EOP)

Claim Payment Policy

[Policy Bulletin Library](#) provides reimbursement rules and billing guidelines necessary to ensure timely and appropriate payment

Claim Status Inquiry

- Provider can use the [Provider Portal](#) to view claims.
- **Claim Status Inquiry** - Providers can search for claims from the Patient Management and Office Management menus.



Claims Reconsideration

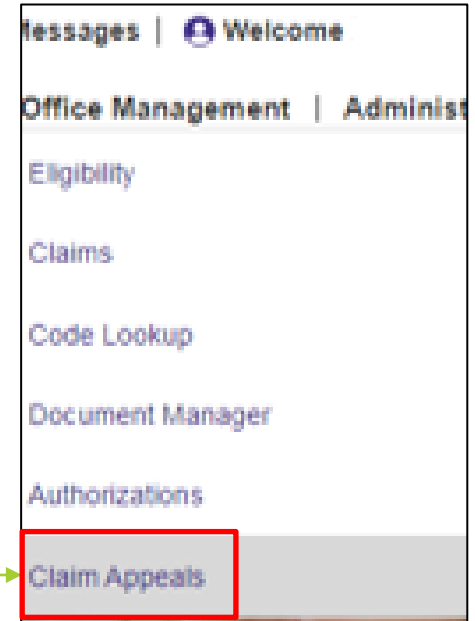
- Providers can request a reconsideration determination for a claim that may have been paid incorrectly or denied inappropriately. Reconsiderations must be made timely by the requestor.

- Claims reconsideration methods:

- [Provider Portal](#) - Preferred method
- Call Jefferson Health Plans' representative to send the claim to be reprocessed, when appropriate. 1-888-991-9023, option #1 (Monday to Friday, 8:30 a.m. - 4:30 p.m.).
- Paper appeals must be mailed to:

Jefferson Health Plans
1101 Market Street
Philadelphia, PA 19107

- eLearning course: [Timely Filing Protocols and the Reconsideration Process](#)



Utilization Management and Prior Authorization

Utilization Management (UM)

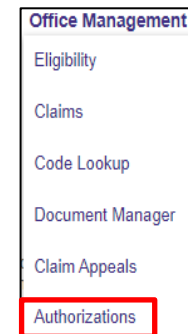
- Our UM department is committed to providing members with the most appropriate medical care for their specific situations.
- Decisions are based on medical necessity, appropriateness of care and service, the existence of coverage, and whether an item is medically necessary or considered a medical item.
- Jefferson Health Plans does not provide financial incentives for utilization management decision makers that encourage denials of coverage or service, or decisions that result in underutilization.
 - For more information, visit our [Provider Manual Chapter 8: Utilization Management](#)

Prior Authorization Process

- Providers should obtain prior authorization at least 7 days in advance for elective (non-emergent) procedures and services.
- Requests will be processed according to state and federal regulations.
- Failure to comply with this guideline may result in the delay of medically non-urgent services.

Prior Authorization Process cont.

- Providers may be contacted for discharge/transition planning for disenrolled members in some circumstances. Jefferson Health Plans will participate in this planning for up to 6 months from the initial date of disenrollment, unless the member chooses a different plan.
- For elective admissions and transfers to non-participating facilities, PCP, referring specialist or hospital must call the Jefferson Health Plans Inpatient Services Department @ 1-866-500-4571.
- Submit authorization requests through our [Provider Portal](#).



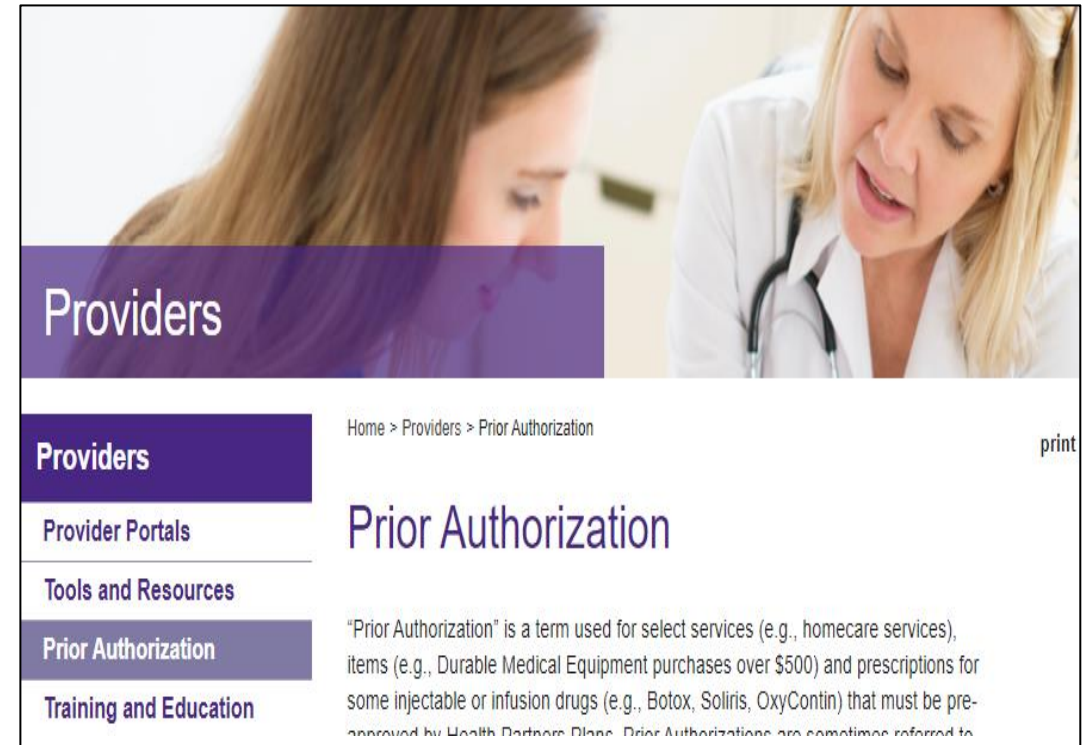
Evicore Healthcare



Evicore

- Cardiology Studies/Procedures, Interventional Pain Management, Joint & Spine Surgery, Oncology, Radiological, Sleep Management, or Therapy Services (PT, OT and ST) are ancillary providers that are authorized by Evicore and not Jefferson Health Plans' UM department.
- There are some free-standing radiology clinics and surgery center clinics that fall under ancillary services that may require Evicore's approvals as well, such as:
 - Advanced radiology services (CT, MRI, PET scans, stress echocardiography, cardiac nuclear medicine imaging, 3D Imaging and radiation therapy/hyperthermia treatment).
 - Outpatient spine and joint and back surgeries

➤ Please visit [Prior Authorization](#) to determine which service is authorized by Evicore or Jefferson Health Plans.

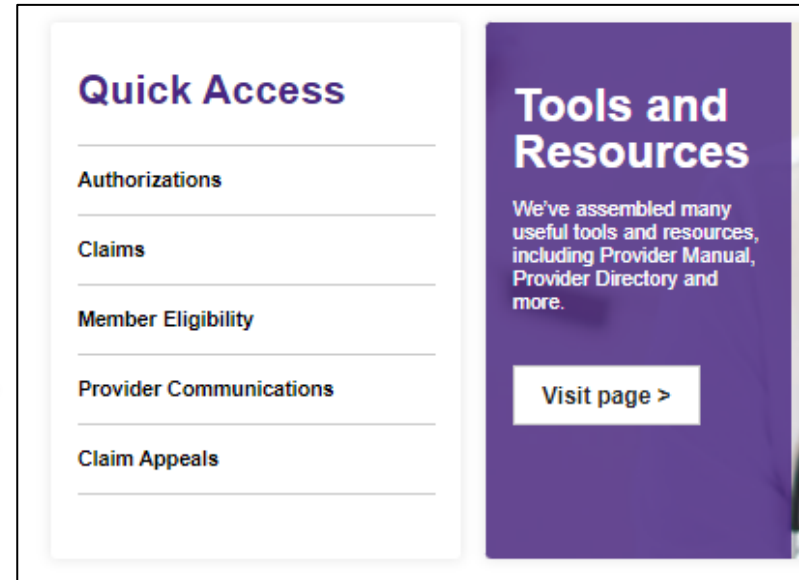


Contacts and Resources

Provider Relations

Provider Relations relies on multiple ways of communication to reach our provider network.

- Webinars
- Fax Blasts
- Provider Portal
- Provider Newsletter
- Training & Education
- Provider Relations Representatives
- **Provider Portal Provider Communications**
- Provider Communication Education Specialists



Plan Contacts and Resources

Provider Services Helpline
888-991-9023
9:00-4:30 pm

Medical Providers

Prompt 1

Pharmacies

Prompt 2

Join Jefferson Health Plans Provider Network

Prompt 3

Member Services

Prompt 4

Additional Resources

Utilization Management

866-500-4571

Care Coordination

215-845-4797

eviCore Radiology auths, PT/OT/ST and other expanded services

888-693-3211

ECHO Health - electronic funds transfer and remittance advice

888-834-3511

Quality Management

855-218-2314

Skilled Nursing Facilities and Rehabilitation

215-991-4395 Fax: 215-991-4125

KidzPartners (CHIP) Magellan Behavioral Health

800-424-3702

Health Partners Medicare Magellan Behavioral Health

800-424-3706

Plan Contacts and Resources

Providers	JeffersonHealthPlans.com/providers
Provider Manual	Healthpartnersplans.com/providermanual
Provider Portal	Healthpartnersplans.com/hp-connect
Training & Education	Healthpartnersplans.com/training
Provider Directories	Healthpartnersplans.com/directory
Formularies	Healthpartnersplans.com/formulary
ECHO Health	https://www.echohealthinc.com
Claims	Healthpartnersplans.com/claims

Thank you for joining us today!



JEFFERSON
JeffersonHealthPlans.com



Thomas Jefferson University

200+

Graduate & undergraduate programs

77,000+

Alumni

17

NCAA Division II teams

8,300+

Students (full/part time)

Over **\$201 million** in sponsored research awards

1,000+

Patents for new drugs, software innovations, medical devices and diagnostic tools

Data is FY22 - updated January 2023



Jefferson Health

4,615

Credentialed physicians (2,141 are employed)

17

Hospitals

9,300

Nurses (full/part time)

3

Magnet® designations

50+

Outpatient & urgent care locations

1

Pathway to Excellence® designation

5.6 million

Outpatient visits

Data is FY22 - updated December 2023



Jefferson Health Plans

394,000

Total members

750

Employees

13,000+

Medicare members

7,900+

CHIP members

373,000+

Medicaid members

35+

Years of service

4★

Out of 5: Centers for Medicare & Medicaid Services star rating for Medicare plan performance and quality

Data Updated June 2023





JeffersonHealthPlans.com