

PHARMACIST'S GUIDE TO JOINING JEFFERSON HEALTH PLANS' PHYSICAL HEALTH NETWORK

Who is this guide for?

- Pharmacists interested in joining the Jefferson Health Plans provider network to provide Medicaid covered services to eligible Jefferson Health Plans EverWell (Medicaid) members.
- Office managers/administrators supporting enrollment, contracting, credentialing, and onboarding.

Eligibility & Prerequisites (Before You Apply)

- **PA pharmacist license** (for individuals), in good standing.
- **NPI:** Individual pharmacist NPI (Type 1) for clinical services.
- **Tax/ownership identifiers:** Federal Tax ID (TIN), legal entity name/DBA, and ownership disclosures as required.
- **Medicaid (MA) enrollment status:** Valid enrollment/standing with PA DHS.
- **Credentialing profile readiness:** Professional history, appropriate licensure, education/training, sanctions/attestations, and supporting documents.
- **Operational readiness:** Claims submission capability (EDI/clearinghouse), remittance/EFT setup, and directory contact/location data.

Step-by-Step: How to Join the Network

1. **Submit a participation request:** Please use the "join our network" form located on our website: <https://www.jeffersonhealthplans.com/providers/credentialing-recredentialing/join-our-provider-network-form/>
 - a. **Provider Type:** Allied Health
2. **Contracting:** Receive the contract through DocuSign (will be delivered to the email address provided in the participation request form) and execute the provider participation agreement (review terms, addenda, and required attachments).
 - a. Contracting inquiries **AFTER** contract is received
 - i) Contracting@jeffersonhealthplans.com
3. **Credentialing:** Register for CAQH's provider data portal, complete all credentialing forms included in the contracting package, and submit supporting documents.
 - a. CAQH Access and Instructions for Use
 - i. <https://proview.caqh.org/PR/Registration>
 - b. Credentialing Inquiries/Status
 - i. Credentialing@jeffersonhealthplans.com

**please allow 45 days for the credentialing process. If you have any questions on the status of credentialing, please contact the credentialing mailbox.

4. **Go-live confirmation:** Receive a welcome/approval notification with effective date; begin seeing members and after allowing 14 days from the identified effective date, begin submitting claims for dates of service on or after the effective date.

Documents & Information Checklist

Individual Pharmacist (Clinical Services)

- Pharmacist NPI (Type 1), PA license, and DEA (if applicable for scope).
- Group NPI and Tax ID numbers
- CAQH or other credentialing profile identifiers and attestation responses.
 - CAQH needs to be current with a current re-attestation date, and all documents and ID numbers should be uploaded in the profile.
- Education/training, work history, and professional liability insurance.
- Board Certification
- Service location(s) where clinical services will be rendered with associated Medical Assistance identification (MAID) number and supervising/affiliated entity details (if required).
 - To obtain an active MAID number and/or add/update service locations, visit <https://www.pa.gov/agencies/dhs/resources/for-providers/promise/promise-provider-enrollment>
- Any required certifications for the program/service (e.g., MTM-related certifications, immunization training).

What to Expect

- **Typical sequence:** Intake → Contracting → Credentialing → Provider data setup → Effective date/go-live.
- **Effective date:** Participation is tied to a communicated effective date; claims are typically accepted for dates of service on/after that date.

Common Issues (and How to Avoid Them)

- **NPI/TIN alignment problems:** Ensure the legal entity on the contract matches the NPI and tax records used for Jefferson Health Plans enrollment, PROMISE enrollment and claims.
- **Missing location-pharmacist linkage:** Confirm CAQH profile has individual pharmacists correctly associated with the service location(s) where required to ensure our credentialing system has this information listed accurately.
- **Incomplete credentialing packets:** Use the above documents & information checklist and respond quickly to “missing items” outreach to avoid resets.

- **Directory inaccuracies:** In CAQH profile, validate addresses, phone numbers, and hours. Incorrect entries can delay go-live and create compliance risk.

Post Effective Date Tools and Resources

Register for our Provider Portal

Services available through our portal include:

- Eligibility and benefit verification
- Claim status inquiry
- Claims appeals/reconsiderations
- Authorization requests

Register at <https://www.jeffersonhealthplans.com/providers/provider-portal/>.

Billing Best Practices

- Initial claims must be submitted 180 calendar days from the date of service
- Claims must be filled in properly or they will be rejected and returned for resubmission with the proper information.
- CMS-1500: All claims MUST have your individual NPI and group/service location NPI number in the appropriate fields.
 - Your individual NPI must be entered in box number 24J of the CMS-1500 form or Loop: 2310B Element: NM109 of your electronic claim submission.
 - Your group/service location NPI must be entered in box number 33A of the CMS-1500 form or Loop: 2310C Element: NM109 of your electronic claim submission.
- Ensure services billed are eligible Medicaid services outlined in DHS' Pharmacists Billing Medical Assistance Bulletin: **MAB2024021301**
<https://www.pa.gov/agencies/dhs/resources/for-providers/bulletin-search>

Contacts and Online Resources

- Claims Submission Instructions
 - <https://www.jeffersonhealthplans.com/providers/claims-and-billing/claim-submissions/>
- Electronic Billing Questions
 - edi@jeffersonhealthplans.com
- Claims Appeals/Reconsiderations Instructions
 - <https://www.jeffersonhealthplans.com/providers/claims-and-billing/claim-reconsideration/>
- Demographic Updates/Changes
 - datavalidation@jeffersonhealthplans.com