

RB.032.A Adjudication of Claims from Non-Participating Providers (Jefferson Health Plans EverWell and Jefferson Health Plans CHIP)

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Thank you for being a valued provider for members in one or more of our health plans: Jefferson Health Plans Medicare Advantage, Jefferson Health Plans Individual and Family Plans, Jefferson Health Plans CHIP, and/or Jefferson Health Plans EverWell (our Medicaid plan).

PRODUCT VARIATIONS

This policy only applies to Jefferson Health Plans EverWell and Jefferson Health Plans CHIP product lines.

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

The plan 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.

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

NON-PARTICIPATING PROFESSIONAL PROVIDERS

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

- Emergency care such as emergency room care, emergent transportation, and Urgent Care Center services
- Family Planning services

- Observation Care
- 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.

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

NON-PARTICIPATING FACILITY/ANCILLARY

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

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

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

The plan 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.
- 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 members' 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 with no revisions.	A	10/15/2023
2023: This is a new policy bulletin.	A	10/15/2023

REFERENCES

N/A