



Medicare Advantage Annual Preventative Care



Schedule a visit with your member today!

Wellcare By Allwell members are covered for:		CODES	
Annual Wellness Visit (AWV)	This unique to Medicare visit allows you and your patient to meet and discuss their health to create a personalized prevention plan.	1 per calendar year	G0438, G0439*
Routine Physical Exam (RPE)	This Medicare Advantage Supplemental benefit is a comprehensive physical examination to screen for disease and promote preventative care.	1 per calendar year	99381-99387* (new patient) 99391-99397** (established patient)

*Contracted Federally Qualified Health centers (FQHC) must include G0468 when billing AWV.

**Can be billed with the AWV with a modifier 25.

Topics to discuss during your patient's Annual Wellness Visit (AWV):

- ▶ Update patient's medical record: including demographics, other treating providers and family history
- ▶ Conduct a Social Determinants of Health assessment
- ▶ Discuss Advanced Care planning
- ▶ Screen for cognitive impairment, including depression, mental wellness and emotional health
- ▶ Conduct medication reconciliation and extend day fill opportunities (mail order or 90 days at retail)
- ▶ Complete pain and functional assessments; including use of Durable Medical Equipment (DME)
- ▶ Assess bladder leakage and care options
- ▶ Create a preventative screening schedule and refer members for tests, labs, X-rays (eye exams, colonoscopy, mammograms), counseling and care programs
- ▶ Complete the health risk assessment, including functional abilities, ADLs, instrumental ADLs and create an action plan
- ▶ Create patient's list of balance/fall risk factors and conditions; including interventions and treatment options
- ▶ Check routine measurements: height, weight, blood pressure, etc.
- ▶ Review current opioid prescription and screen for potential Substance Use Disorders (SUDs)

Topics to discuss during your patient's Routine Physical Visit:

▶ Health History	▶ Heart, lung, head/neck, abdominal, neurological, dermatological, extremities and gender specific exam
▶ Vital signs	





For People with Diabetes

- Annual diabetic retinal eye exam
- Review adherence of diabetes medications (consider 90-day fills for maintenance medications) and evaluate the addition of a statin to help prevent heart and blood vessel diseases
- Blood pressure monitoring
- Testing and control of HbA1c
- Kidney function tests
- Medical attention for nephropathy

Important Cancer Screenings:

- Colon cancer screening (Colonoscopy, Fit DNA test, Cologuard)
- Breast cancer screening
- Prostate cancer screening
- Lung cancer screening



TIPS to Ensure Healthy Outcomes

- Always share tests and screenings results with members, and discuss how they can access them, via a patient portal
- Be sure to submit all applicable conditions, via IDC 10 codes
- Leverage CPT Category II codes to ensure outcomes in order to reduce chart collection events



Provider Updates

There have been many Provider Updates posted to our website already in 2024! Please visit <https://www.pahealthwellness.com/providers/provider-updates.html> regularly to stay up to date on updates from PA Health & Wellness.

As Needed

- Osteoporosis screening and management after fracture

Care for Older Adults

- Medication review and reconciliation by physician
- Functional status assessment
- Pain assessment
- Advance care planning
- Depression screening

Adult Vaccinations

- COVID-19 – initial and follow-up
- Influenza – yearly
- Pneumococcal – one time (may need booster)
- Meningococcal
- Tetanus, diphtheria, pertussis (Td/Tdap)
- Zoster (shingles)
- Hepatitis A
- Hepatitis B

Humira (Adalimumab) Biosimilars

Humira is the bestselling drug in history! With that, there are a lot of similar medications coming to market to compete with Humira. Humira is a biologic, which means it was created from a living organism. Since biologics come from a living organism and not a chemical,



biologics are created rather than generics. What is a biosimilar? A biosimilar is a biological product that is highly similar to and does not have a clinically meaningful difference to the original biologic (Humira). Biosimilars go through a rigorous FDA review process. Most biosimilars are NOT interchangeable and must meet FDA guidance presented in “Considerations in Demonstrating Interchangeability With a Reference Product Guidance for Industry.” In Pennsylvania, a pharmacy may dispense an interchangeable biosimilar when written for the original biologic. They are required to contact the prescriber when attempting to dispense a biosimilar that is not considered interchangeable.

Similarities between biosimilars and Humira:

- Route of administration (subcutaneous)
- Strength and dosage form
- Potential side effects and black box warnings

Difference between biosimilars and Humira:

- Potentially not approved for all indications
- Not all strengths may be available

Biosimilar	Status	Available Dosage Forms	Inter-changeable	Citrate Free	Latex Free	Indications Approved
Amjevit™ (adalimumab-atto)	Available	Single-dose prefilled SureClick® autoinjector: 80 mg/0.8 mL, 40 mg/0.8 mL, 40 mg/0.4 mL Single-dose prefilled glass syringe: 80 mg/0.8 mL, 40 mg/0.8 mL, 40 mg/0.4 mL, 20 mg/0.4 mL, 20 mg/0.2 mL, 10 mg/0.2 mL	No	Yes	Yes	RA, JIA, PsA, AS, CD, UC, Ps, HS, UV
Cyltezo® (adalimumab-adbm)	Available	Single-dose prefilled pen (CYLTEZO Pen): 40 mg/0.8 mL Single-dose prefilled glass syringe: 40 mg/0.8 mL, 20 mg/0.4 mL, 10 mg/0.2 mL	Yes	Yes	No	RA, JIA, PsA, AS, CD, UC, Ps, HS, UV
Hadlima™ (adalimumab-bwwd)	Available	Single-dose prefilled autoinjector (HADLIMA PushTouch): 40 mg/0.8 mL, 40 mg/0.4 mL Single-dose prefilled glass syringe: 40 mg/0.8 mL, 40 mg/0.4 mL Single-dose glass vial for institutional use only: 40 mg/0.8 mL	No	No present in 0mg/0.8mL Yes for other formulations	Yes	RA, JIA, PsA, AS, CD, UC, Ps, HS, UV
Hulio® (adalimumab-fkjp)	Available	40 mg/0.8 mL in a single-dose prefilled pen (HULIO Pen) 40 mg/0.8 mL, 20 mg/0.4 mL in a single-dose prefilled plastic syringe	No	Yes	Yes	RA, JIA, PsA, AS, CD, UC, Ps, HS, UV
Hyrimoz® (adalimumab-adaz)	Available	Single-dose prefilled pen (Sensoready Pen): 40 mg/0.8 mL, 40 mg/0.4 mL and 80 mg/0.8 mL Single-dose prefilled glass syringe (with BD UltraSafe Passive™ Needle Guard): 20 mg/0.4 mL, 40 mg/0.8 mL, 40 mg/0.4 mL and 80 mg/0.8 mL Single-dose prefilled glass syringe: 10 mg/0.2 mL, 10 mg/0.1 mL and 20 mg/0.2 mL	No	No present in 40mg/0.8mL, 20mg/0.4mL, 10mg/0.2mL Yes for other formulations	Yes	RA, JIA, PsA, AS, CD, UC, Ps, HS
Idacio® (adalimumab-aacf)	Available	Single-dose prefilled pen (IDACIO Pen): 40 mg/0.8 mL Single-dose prefilled glass syringe: 40 mg/0.8 mL	No	Yes	Yes	RA, JIA, PsA, AS, CD, UC, Ps, HS, UV
Yuflyma® (adalimumab-aaty)	Available	Single-dose prefilled auto-injector (YUFLYMA AI): 80 mg/0.8 mL, 40 mg/0.4 mL Single-dose prefilled syringe with safety guard: 80 mg/0.8 mL, 40 mg/0.4 mL Single-dose prefilled syringe: 80 mg/0.8 mL, 40 mg/0.4 mL, 20 mg/0.2 mL	No	Yes	Yes	RA, JIA, PsA, AS, CD, UC, Ps, HS, UV

Continued to page 4.

Biosimilar	Status	Available Dosage Forms	Inter-changeable	Citrate Free	Latex Free	Indications Approved
Yusimry™ (adalimumab-aqvh)	Available	Single-dose prefilled pen (YUSIMRY Pen): 40 mg/0.8mL Single-dose prefilled glass syringe: 40 mg/0.8mL	No	Yes	No	RA, JIA, PsA, AS, CD, UC, Ps, HS, UV
Abrilada™ (adalimumab-afzb)	Available	Single-dose prefilled pen (ABRILADA Pen): 40 mg/0.8 mL Single-dose prefilled glass syringe: 40 mg/0.8 mL, 20 mg/0.4 mL, 10 mg/0.2 mL Single-dose glass vial for institutional use only: 40 mg/0.8 mL	Yes (40 mg/0.8mL, 20 mg/0.4mL)	Yes	No	RA, JIA, PsA, AS, CD, UC, Ps, HS, UV
Simlandi® (adalimumab-ryvk)	Not currently available	Injection: 40 mg/0.4 mL single-dose autoinjector	Yes 40mg/0.4mL	Yes	No	RA, JIA, PsA, AS, CD, UC, Ps, HS, UV

Rheumatoid Arthritis (RA), Juvenile Idiopathic Arthritis (JIA), Psoriatic Arthritis (PsA), Ankylosing Spondylitis (AS), Crohn's Disease (CD), Ulcerative Colitis (UC), Plaque Psoriasis (Ps), Hidradenitis Suppurativa (HS), Uveitis (UV)

Preferred Products by Plan:

Ambetter: Humira, Hadlima, adalimumab-adaz 40 mg/0.4 mL (NDC 61314-0327-20, 61314-0327-96, 61314-0327-64, 61314-0327-94), and Cyltezo (NDC 0597-0375-97, 0597-0375-23, 0597-0375-16, 0597-0400-89, 0597-0405-80, 0597-0370-82)

Community Health Choices: Humira, Hadlima, Amjevita, Yusimry, adalimumab-fkjp

Wellcare by Allwell: Humira, Cyltezo, Idacio

™Biosimilars Are as Safe and Effective as the Original Biologic.™ U.S. Food and Drug Administration, FDA, 17 Aug. 2023, www.fda.gov/consumers/consumer-updates/biosimilar-and-interchangeable-biologics-more-treatment-choices#:~:text=A%20biosimilar%20is%20a%20biologic,batches%20of%20the%20same%20medication.

Notice of Balance Billing Restrictions

PA Health & Wellness works to ensure that our members are never inappropriately held financially liable for the care they receive. Balance billing occurs when a participating provider bills a member for fees and surcharges above and beyond a member's copayment and coinsurance responsibilities for services covered under the member's benefit program, or for claims for such services denied by PA Health & Wellness (for example, providers may NOT bill Members for services when the Provider fails to obtain an authorization and the claim is denied by PA Health & Wellness).

Additionally, billing of Qualified Medicare Beneficiaries (QMBs) is prohibited by Federal Law. Medicare Providers may not seek payment from Wellcare By Allwell Members for the difference between the billed charges and the contracted rate paid by Wellcare By Allwell. Medicare Providers and suppliers may not bill Wellcare By Allwell Members enrolled in the QMB program for Medicare cost-sharing. Federal law bars Medicare Providers and suppliers from billing an individual enrolled in the QMB program for Medicare Part A and Part B cost-sharing under any circumstances. Medicare beneficiaries enrolled in the QMB program have no legal obligation to pay Medicare Part A or B deductibles, coinsurance, or copays for any Medicare-covered items and services. Providers and suppliers may bill State Medicaid programs for these costs, but States can limit Medicare cost-sharing payments under certain circumstances.

For information about obtaining payment for Medicare cost-sharing, contact the Medicaid agency in the States in which you practice. Providers and suppliers may also verify a patient's QMB status through Pennsylvania State's online Medicaid eligibility verification system PROMISE™, PHW's Secure Provider Portal, or other documentation, including Medicaid identification cards.

Please take a moment to review the questions and answers below about balance billing:
<https://www.pahealthwellness.com/content/dam/centene/Pennsylvania/pdfs/PHW-QMB.pdf>



At Wellcare By Allwell, we want to help our members get the care they need, when they need it. Everything from routine care and screenings to dental, vision, and much more. Dual Eligible members who are aligned with PA Health & Wellness for both Medicaid and Medicare experience the additional benefits of our D-SNP plans which provide valuable "all-in-one" coverage.

Provider alignment benefits:

- One claim= less paperwork
- More patient care time
- More efficient for practice staff
- Improved patient health outcomes

Patient alignment benefits:

Wellcare By Allwell gives you the coverage you need.

- One card to carry
- One call for member services
- Rides to and from the doctor
- Caregiver support
- Dental services including implants and dentures
- 0 monthly premium
- Care team to plan and coordinate care
- Eyewear allowance every year

NEW FOR 2024...

Wellcare Spendables™ is an easy-to-use

benefit which combines an allowance into one card and can be used at participating retailers, online, via mobile app, or by phone. Depending on the plan, the allowance can be used for: OTC, Healthy Foods, Gas (pay-at-pump), Rent and Utility Assistance and more.

EXPRESS SCRIPTS®

Express Scripts Pharmacy Mail Order Delivery is a convenient service that delivers up to a 100-day supply of medication directly to the member. ESI can even automatically refill and renew home-delivery prescriptions at no extra cost. Members can call 1-833-750-0201 (TTY:711) 24 hours a day, seven days a week. Or visit www.express-scripts.com/rx.

My Wellcare Rewards is a member incentive program where members can earn points by completing eligible health-related activities like getting an annual flu shot or completing preventative screenings.

They can redeem their points for gift cards at stores like Walmart, Kohl's, CVS, Home Depot and more. Members can access the program via the Wellcare member portal, the My Wellcare Rewards mobile app or by calling My Wellcare Rewards customer service at 1-866-550-1590 (TTY:711) Monday through Friday from 8 AM to 8 PM CT.

We offer a range of plans that provide members with affordable access to doctors, nurses, and specialists:

Plan Types:	Dual Eligible Special Needs Plan (HMO and PPO D-SNPs)	Health Maintenance Organization (HMO)	Preferred Provider Organization (PPO)
Plan Names:	H2915-002 Wellcare Dual Access H2915-007 Wellcare Dual Access H2128-005 Wellcare Dual Access Open	H2915-003 Wellcare No Premium H2915-011 Wellcare Assist H2915-013 Wellcare Patriot Giveback H2915-016 Wellcare No Premium	H2128-002 Wellcare No Premium Open H2128-004 Wellcare Giveback Open

As always, Wellcare by Allwell is committed to working with you to ensure your patients receive the best care. If you have any questions, please visit our website www.wellcare.com/allwellPA or contact us at:

Wellcare By Allwell Medicare Provider Services
HMO, PPO: 1-800-977-7522 (TTY:711)
HMO, PPO D-SNP: 1-844-796-6811 (TTY:711)



Making a difference by **Controlling Blood Pressure (CBP)**

Effective management of hypertension as measured by the “Controlling Blood Pressure (CBP) HEDIS and STAR performance measure is a high priority. It’s a triple weighted state and CMS measure and a P4P measure for a good clinical reason. According to the CDC, nearly half of adults in the United States (47%, or 16 million) have hypertension, defined as a systolic blood pressure greater than 130 mmHg or a diastolic blood pressure greater than 80mmHg or are taking medications for hypertension. In 2019, almost a half million of deaths had hypertension as a primary or contributing cause.¹ This is why there is so much emphasis on improving performance in this area.

Managing hypertension requires a comprehensive treatment plan including consideration of a person’s lifestyle, cultural influences, and health equity factors.

Success in managing blood pressure requires:

- Utilization of the most recent clinical practice guidelines
- Monitoring blood pressure consistently and frequently
- Employing best practices to reduce barriers
- Using real time CPTII coding on claims to improve data analysis vs. retrospective Medical Record Review



¹<https://www.cdc.gov/bloodpressure/facts.htm#:~:text=Nearly%20half%20of%20adults%20in,are%20taking%20medication%20for%20hypertension>

American Heart Association / American College of Cardiology
June 2021 Updates

Utilizing Clinical Practice Guidelines American Heart Association / American College of Cardiology June 2021 Updates

BP Category	Pressure Ranges	Recommendations
Normal BP	<120/<80 mmHg	Promote healthy lifestyle; reassess BP annually.
Elevated BP	120-129/<80 mmHg	Start with nonpharmacologic therapy, reassess BP in 3-6 months.
Stage 1 Hypertension	130-139/80-89 mmHg	ASCVD or 10-year CVD risk ≥10%: Start with both nonpharmacologic and pharmacologic therapy. Reassess BP in 1 month. If at goal, reassess every 3-6 months. If not at goal, assess for adherence and consider intensification of therapy.
		No ASCVD and 10-year CVD risk <10%: Start with nonpharmacologic therapy, reassess BP in 3-6 months. If not at goal, consider initiation of pharmacologic therapy.
Stage 2 Hypertension	≥140/≥90 mmHg	Start with both nonpharmacologic and pharmacologic therapy. Reassess BP in 1 month. If at goal, reassess every 3-6 months. If not at goal, assess for adherence and consider intensification of therapy.

<http://www.acc.org/latest-in-cardiology/articles/2021/06/21/13/05/new-guidance-on-bp-management-in-low-risk-adults-with-stage-1-htn>

Monitoring Blood Pressure Consistently and Frequently

Employ Best Practices

- Schedule follow-up appointments every 1-3 months when bp goals are not met
- Encourage self-blood pressure monitoring
- Utilize telehealth visits or remote monitoring to monitor blood pressure between visits
 - Documentation of self-reported blood pressures from patients can be recorded and utilized for HEDIS and STARS data capture.
 - Reimbursement codes are available for remote monitoring via telemedicine
- Repeat elevated blood pressure measurement after the member rests
 - The lowest values during the office visit will be used for HEDIS/STARS
- Ensure proper cuff sizes are used appropriately
- Review and assess barriers to medication compliance on every visit
- Adjust treatment plans and provide education to address concerns/challenges
- Offer 90 day fill for routine hypertension medications



CPT II Codes for Improved Reporting

- Use CPT-II codes that reflect the bp value range
 - This will help close gaps on your provider gap lists and help you meet your P4P goals
 - Data can be used by the Health Plan to identify members for special programs and outreach

Hypertension	ICD-10: I10
Systolic greater than/equal to 140	CPT-CAT-II: 3077F
Systolic less than 140	CPT-CAT-II: 3074F, 3075F
Diastolic greater than/equal to 90	CPT-CAT-II: 3080F
Diastolic 80-89	CPT-CAT-II: 3079F
Diastolic less than 80	CPT-CAT-II: 3078F
Remote Blood Pressure Monitoring codes	CPT: 93784, 93788, 93790, 99091
Outpatient codes	CPT: 99201 - 99205, 99211 - 99215, 99241 - 99245, 99347 - 99350, 99381 - 99387, 99391 - 99397, 99401, 99402, 99403, 99404, 99411, 99412, 99429, 99455, 99456, 99483, 99341-99345 HCPCS: G0402, G0438, G0439, G0463, T1015
Non-acute Inpatient codes	CPT: 99304 - 99310, 99315, 99316, 99318, 99324 - 99328, 99334 - 99337

Source: HEDIS Performance Measures | QI Program | PA Health & Wellness (www.pahealthwellness.com)

If you have questions about the CBP HEDIS / STARS measure or want to discuss ways to improve performance, please contact your provider relations representative to be directed to the appropriate resource.



Home & Community Based Services (HCBS) Annual Training for Provider Type 59 Available now!

The 2024 HCBS Provider Training is available now! This is an annual training requirement for all Home and Community Based Services (HCBS) Providers contracted with PHW’s Community HealthChoices (CHC) Plan. At least one person from each organization (Tax ID#) must complete this training annually. Credit for completion will be given when attestation is received.

[Registration for Training](#)
[2024 HCBS Training Attestation](#)
[2024 Annual HCBS Training Handout \(PDF\)](#)



Fraud, Waste and Abuse

There are several things, as a Provider, that can be done to reduce and mitigate the risk of False Claims Act liability. Making sure there is an understanding of the rules that relate to the services and good being billed. The information included in claims should always be as accurate and complete as possible. It is also important to ensure there is awareness of any potential billing problems. Below are resources related to Fraud, Waste, and Abuse:

FALSE CLAIMS ACT:

The False Claims Act establishes liability when any person or entity improperly receives or avoids payment to the Federal government. The Act prohibits:

- Knowingly presenting, or causing to be presented a false claim for payment or approval
- Knowingly making, using, or causing to be made or used, a false record or statement material to a false or fraudulent claim
- Conspiring to commit any violation of the False Claims Act
- Falsely certifying the type or amount of property to be used by the Government
- Certifying receipt of property on a document without completely knowing that the information is true
- Knowingly buying Government property from an unauthorized officer of the Government
- Knowingly making, using, or causing to be made or used a false record to avoid or decrease an obligation to pay or transmit property to the Government.

For more information regarding the False Claims act, please visit:

<https://downloads.cms.gov/cmsgov/archived-downloads/smdl/downloads/smd032207att2.pdf>

STARK LAW:

The Physician Self-Referral Law, commonly referred to as the Stark law, prohibits physicians from referring patients to receive "designated health services" payable by Medicare or Medicaid from entities with which the physician or an immediate family member has a financial relationship unless an exception applies.

For more information regarding the Stark Law, please visit:

<https://oig.hhs.gov/compliance/physician-education/fraud-abuse-laws/>

ANTI-KICKBACK STATUTE:

The Anti-Kickback Statute prohibits offering, paying, soliciting, or receiving remuneration to induce referrals of items or services covered by Medicare, Medicaid, and other federally-funded programs.

For more information regarding the Stark Law, please visit:

<https://oig.hhs.gov/compliance/physician-education/fraud-abuse-laws/>



Reporting Fraud, Waste and Abuse

If you suspect fraud, waste, or abuse in the healthcare system, you must report it to PA Health & Wellness and we'll investigate. Your actions may help to improve the healthcare system and reduce costs for our participants, customers, and business partners.

To report suspected fraud, waste, or abuse, you can contact PA Health & Wellness in one of these ways:

- PA Health & Wellness anonymous and confidential hotline at **1-866-685-8664**
- Pennsylvania Office of Inspector General at **1-855-FRAUD-PA (1-855-372-8372)**
- Pennsylvania Bureau of Program Integrity at **1-866-379-8477**
- Pennsylvania Department of Human Services **1-844-DHS-TIPS (1-844-347-8477)**
- Mail: Office of Inspector General, 555 Walnut Street, 7th Floor, Harrisburg, PA 17101
- Mail: Department of Human Services, Office of Administration, Bureau of Program Integrity, P.O. Box 2675, Harrisburg, PA 17105-2675

You may remain anonymous if you prefer. All information received or discovered by the Special Investigations Unit (SIU) will be treated as confidential, and the results of investigations will be discussed only with persons having a legitimate reason to receive the information (e.g., state and federal authorities, corporate law department, market medical directors or senior management).

wellcare

Provider Appointment Standards for Scheduling

To ensure our members receive services for medical and behavioral health appointments in a timely manner, we ask providers to implement the following Appointment Availability Standards. These standards can also be found in your provider manual.

+ After Hours – All Providers

After Hours (Passing Standards)

- Answering service or system that will page physician
- Answering system with option to page physician
- Advice nurse with access to physician
- Answering service that will page the provider after a message is left

+ Wellcare and Wellcare By Allwell Plans



PRIMARY CARE

- ▶ **Emergency:** Same day or within 24 hours of member's call
- ▶ **Urgent Care:** Within 24 hours
- ▶ **Routine:** Within 30 business days of request
- ▶ **Sick Care:** Within 7 business days



SPECIALTY REFERRAL

- ▶ **Emergency:** Within 24 hours of member's call
- ▶ **Urgent Care:** Within 24 hours
- ▶ **Routine:** Within 30 business days



BEHAVIORAL HEALTH

- ▶ **Non Life Threatening Psychiatric Emergency:** Within 6 hours
- ▶ **Urgent:** Within 48 hours
- ▶ **Routine (Initial Assessment):** Within 10 business days
- ▶ **Routine Follow Up Care:** Within 30 business days of assessment
- ▶ **Sick Care:** Within 7 business days

For more than 20 years, Wellcare has offered a range of affordable Medicare products with coverage beyond Original Medicare. Our affiliated Medicare brands, including Allwell, have transitioned to a newly refreshed and unified Wellcare brand. If you have any questions, please contact Provider Relations.

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PROVIDER APPOINTMENT STANDARDS FOR SCHEDULING

To ensure our members receive services for medical and behavioral health appointments in a timely manner, below are the Appointment Availability Standards we ask our providers to implement accordingly. These can also be found in the provider manuals.

+ After Hours – All Providers

After Hours (Passing Standards)

- Answering service or system that will page physician
- Answering system with option to page physician
- Advice nurse with access to physician
- Answering service that will page the provider after a message is left

+ Ambetter



PRIMARY CARE & PEDIATRIC

- ▶ **Urgent Care:** Within 24 hours of member's call
- ▶ **Non-Urgent/Sick Care:** Within 48 hours
- ▶ **Routine:** Within 15 business days of request



SPECIALIST

- ▶ **Urgent Care:** Within 24 hours
- ▶ **Routine:** Within 30 business days



OBGYN

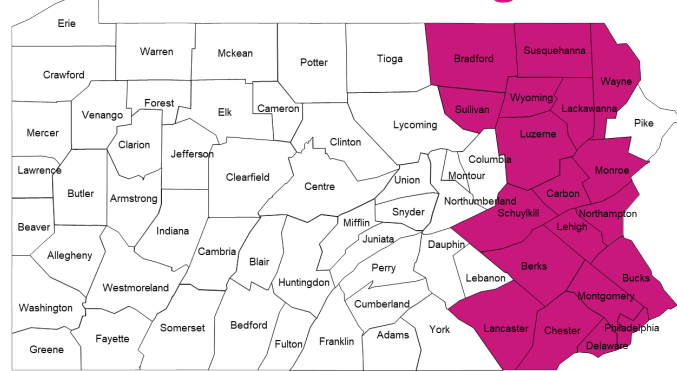
- ▶ **Urgent Care:** Within 24 hours
- ▶ **Routine:** Within 30 business days



BEHAVIORAL HEALTH

- ▶ **Non-Life-Threatening Psychiatric Emergency:** Within 6 hours
- ▶ **Urgent:** Within 48 hours
- ▶ **Routine (Initial Assessment):** Within 10 business days
- ▶ **Routine Follow Up Care:** Within 10 business days

Ambetter Coverage Area



CoC (Continuity of Care) A basic guide to reviewing and submitting appointment agendas

CoC HCC Validation

- Providers should schedule and conduct a comprehensive exam with the patient, assessing the validity of each condition on the appointment agenda.
- Submit the signed appointment agenda
 - AND submit the same diagnosis code in the medical claim
 - OR gap addressed by checked exclusion box in the dashboard

- ✓ **'Active Diagnosis & Documented'**
 - Patient is currently presenting with this condition. Provider must submit a claim with a diagnosis code that maps to this Disease Category listed on the agenda.
- ✓ **'Resolved/Not Present'**
 - Patient is not presenting with this condition. Provider must submit a claim with a 2022 face-to-face visit and should submit appropriate diagnosis codes for conditions the patient is currently presenting.

Suspected Rx/Condition	Type	Source	Diagnosis	Active Diagnosis & Documented	Resolved / Not Present
Diabetes with Chronic Complications	Predictive Gap	ICD-10	E88.21 Diabetes mellitus due to underlying condition with diabetic neuropathy	<input type="checkbox"/>	<input type="checkbox"/>
Disorders of Immunity	Persistence Gap	ICD-10	D61.810 Antineoplastic chemotherapy induced pancytopenia	<input type="checkbox"/>	<input type="checkbox"/>
Metastatic Cancer and Acute Leukemia	Persistence Gap	ICD-10	C77.0 Secondary and unspecified malignant neoplasm of lymph nodes of head, face and neck	<input type="checkbox"/>	<input type="checkbox"/>

ALL conditions must be addressed for the agenda to be complete

Contact Information

- PHW will manage the bonus calculation, reconciliation, and payment processing.
- You may also email or fax paper agendas to
 - Agenda@centene.com
 - Fax: 1-813-464-8879

Questions?

- Want to know more information? We here at PHW have created a step-by-step guide for CoC provider portal navigation in the below link
 - <https://www.pahealthwellness.com/providers/risk-adjustment.html>
- At the bottom of this page, you will find Risk Adjustment tools and resources
 - Click “CONTINUITY OF CARE/HCC ACCURACY PROGRAM”
 - In this section, you will find a PDF with our Continuity of Care Provider Presentation with detailed instructions and images to aid in your agenda submissions.

Clinical Documentation Improvement (CDI) 2024 Webinars

Learn more about: Risk Adjustment Documentation and Coding

Each webinar includes an overview of Risk Adjustment (RA) and Hierarchical Condition Categories (HCCs). To register, please click on the link next to the webinar you would like to attend.

2024 CMS Model and ICD-10 Updates

- Mar 14 @ 6pm (EST) | <https://centene.zoom.us/meeting/register/tJ0rf--srjsuH9BXZK34B9Ei5kNxbjYzU7tO>
- Mar 25 @ 6pm (EST) | <https://centene.zoom.us/meeting/register/tJ0qde6prDirHtYkd5dK--WwMyx1qevFjKik>

Annual Wellness Visit

- April 2 @ 9am (EST) | <https://centene.zoom.us/meeting/register/tJ0qduCvrTssHdR660jWGO4fQNGPrflrEEiY>
- April 4 @ 12noon (EST) | https://centene.zoom.us/meeting/register/tJAKf-uuqDMuE9TknBho4IaeTp9D_BEMHOC2
- April 8 @ 3pm (EST) | https://centene.zoom.us/meeting/register/tJErdemgrD0qGNbYj9xuFEpfN92869ec9_DE
- April 10 @ 5pm (EST) | <https://centene.zoom.us/meeting/register/tJcrd--vqDkqE9SAP-G6qvbe8T8xb4s6YfIZ>

Navigating Neoplasm Coding

- April 16 @ 11am (EST) | <https://centene.zoom.us/meeting/register/tJUpcOuhrluG9Ca8C0RHj7Oei58xG3f46t>
- April 18 @ 3pm (EST) | <https://centene.zoom.us/meeting/register/tJYufumpqDirHdMcCZEVhojtbTjcpPtEdAdf>
- April 22 @ 5pm (EST) | <https://centene.zoom.us/meeting/register/tJEvduihqDgsH9M4IPTYWOUsyhhfkellYWFV>

- April 24 @ 12noon (EST) | <https://centene.zoom.us/meeting/register/tJ0rcu6urTkjE9UC4WW0FxBV2RYppb1OxMQp>
- April 30 @ 5pm (EST) | https://centene.zoom.us/meeting/register/tJYrd-mqrDoiGtXqlutg_HzmpjLGrHePZA7Z

Acute Conditions: The Impact on Risk Adjustment

- May 2 @ 12noon (EST) | <https://centene.zoom.us/meeting/register/tJEkdO6prj8vEtXFuvml77yuRS5kXhqcFyoA>
- May 8 @ 3pm (EST) | <https://centene.zoom.us/meeting/register/tJ0tcu-trTssH9Ouz8gVE8OgilKLFnrywdn7>
- May 14 @ 5pm (EST) | <https://centene.zoom.us/meeting/register/tJwvc-CsqjopEtEoXfOK-ySNS6XqVfoKBOBl>
- May 20 @ 12noon (EST) | <https://centene.zoom.us/meeting/register/tJlqfuCopjksHdHeYAASJY2HNpeuc9ifX-GG>

Risk Adjustment and Quality-HEDIS Documentation Best Practices

- May 6 @ 3pm (EST) | <https://centene.zoom.us/meeting/register/tJAvC-GgrDlOHNZY9bDA2vLdLtS3gRPtgs0i>
- May 17 @ 9am (EST) | <https://centene.zoom.us/meeting/register/tJEod-ChrD0jG9bx9KnQX6LeVuRdx4Lt0-h>
- May 22 @ 9am (EST) | <https://centene.zoom.us/meeting/register/tJMrf--rpj8qHNQ9saKkiVgr938f2Sj-YXCi>
- May 28 @ 6pm (EST) | <https://centene.zoom.us/meeting/register/tJlkcemoqTMiE9ZqEpeBSOHYXAJSGsvhQHP0>

Annual Wellness Visit

- May 30 @ 3pm (EST) | <https://centene.zoom.us/meeting/register/tJludO-urzMvGt0y01OSx8nJJUrvqcWYYDeQ>

Coding for Respiratory Diseases

- June 4 @ 9am (EST) | <https://centene.zoom.us/meeting/register/tJApcu6pqD0iHNzcAOhKGSshkZZSlhq3PK5Z>
- June 12 @ 5pm (EST) | <https://centene.zoom.us/meeting/register/tJwuf-2przwqGN3kriTGCJ1DQhInzQ-x7uoD>
- June 18 @ 11am (EST) | https://centene.zoom.us/meeting/register/tJAKde-grj4pHNdcj_zAARiYxwu5yUgbJWku
- June 20 @ 3pm (EST) | https://centene.zoom.us/meeting/register/tJ0uduqtr8uGtapd_0k3DtGBdTcoEcs53zM
- June 24 @ 12noon (EST) | <https://centene.zoom.us/meeting/register/tJwrceqsrjIvEtacXBTL-woqNzXcxrLCLCUY>

Annual Wellness Visit

- June 7 @ 9am (EST) | <https://centene.zoom.us/meeting/register/tJMudOmvrDooH9Bfs64TtYDYY7zgsbFwBO9>
- June 10 @ 3pm (EST) | <https://centene.zoom.us/meeting/register/tJEscu2opzgoGd2DszgJNcFkRYYIKmbuT2wp>
- June 26 @ 6pm (EST) | <https://centene.zoom.us/meeting/register/tJArdemorj0pG9IQwHaW5ZdUiPHMn6XXuioH>
- July 2 @ 11am (EST) | <https://centene.zoom.us/meeting/register/tJltduutqTkiG9GLS4cv6G8qJemeQFh6Jd9V>



UPDATE FOR 2024:

The 2024 CoC incentive program has officially kicked off! As a thank you for providing quality care for our Medicare enrollees, we are offering an **additional \$100** for completing a qualified member visit between Jan. 1, 2024 and Dec. 31, 2024.

What you need to do

- a. Schedule and conduct exams with eligible members using the Appointment Agenda as a guide to assess the validity of each condition.
- b. Update diagnoses and close care gaps. Document both in the medical record and on the claim.
- c. Sign, date, and submit the signed Appointment Agenda via the secure CoC provider portal.
- d. Submit a claim/encounter containing the correct ICD-10, CPT, CPT II or NDC codes. Upon receipt of the completed documentation, we will verify that diagnoses were submitted appropriately.

If you have any questions or concerns, please contact the PHW Risk Adjustment Team via phone: 877-236-1320 or email: PHW_RiskAdjustment@PaHealthWellness.com.



Meeting appointment accessibility standards

Are your patients able to obtain services when they are needed?

PA Health & Wellness monitors the availability of our network practitioners. Availability is key to participant care and treatment outcomes.

PA Health & Wellness follows the accessibility requirements set forth by applicable regulatory and accrediting agencies. We monitor compliance with these standards annually and use the results of monitoring to ensure adequate appointment availability and reduce the unnecessary use of emergency rooms.

Please review the appointment availability standards in the Provider Manual.

1. CHC & Medicare:

<https://www.pahealthwellness.com/providers/resources/forms-resources.html>

2. Marketplace:

<https://ambetter.pahealthwellness.com/provider-resources/manuals-and-forms.html>

Medical Necessity Appeal

Providers or Participants may request an appeal related to a medical necessity decision made during the authorization or concurrent review process orally or in writing:

Mail to:

PA Health & Wellness
Attn: Complaints and Grievances Unit
1700 Bent Creek Blvd, Suite 200
Mechanicsburg, PA 17055

Email: PHWComplaintsandGrievances@PAHealthWellness.com

Phone: 844-626-6813 TTY: 711

NOTE: PHW will not accept data stored on external storage devices such as USB devices, CD-R/W, DVD-R/W, or flash media.



Provider Accessibility Initiative (PAI):

This program aims to transition healthcare delivery into a fully accessible system for everyone while improving the accuracy and transparency of disability access data in our provider directories.

The goal:

Improve member access and health outcomes by increasing the percentage of practitioner locations and services in our network that meet minimum federal and state disability access standards.

Members are able to view your location's detailed disability access information on the online Find a Provider tool, and filter for a provider based on their disability access needs.

Complete your survey here:

https://cnc.sjcl.qualtrics.com/jfe/form/SV_bmzuVceOWaQX5Cm



Overpayment Refund Submission

When needing to submit a refund check for claims overpayments checks should be made payable to PA Health & Wellness. The submission should also include a list of the claims that were overpaid.

Mail to:

PA Health & Wellness
P.O. Box 3765
Carol Stream, IL 60132-3765

Provider Newsletter

Spring 2024



1700 Bent Creek Blvd, Suite 200, Mechanicsburg, PA 17055

