

The PHW Provider Newsletter for healthcare providers, physicians, and office staff provides important and timely information to support providing quality healthcare to your patients.



## Physician Summit Award Spotlight

PA Health & Wellness is thrilled to announce the first Centene Physician Summit Award in Pennsylvania has been awarded to Dr. **Elizabeth Carazo, MD**, of Temple Physicians! Since 2007, the Centene Foundation for Quality Healthcare has recognized physicians for the outstanding service and quality of care they provide to Plan members, representing the best in quality medical delivery. *Congratulations to Dr. Carazo and thank you for providing superior care to our PHW members!*

*"I am honored to have been recognized with your Physician Summit Award and will like to share the honors with my staff here at Temple Physicians at Hunting Park. Every day they face their commitment to assist all of the providers in this practice to achieve the highest level of medical care in accordance to our TUHS guidelines. It is because of the dedication of my staff and the relentless hard work in running a large practice that we are able to provide excellent medical care to our community. We at Hunting Park work as a unit made up of many hard working individuals. I thank you for this recognition. I am enormously grateful to my excellent colleagues and staff for assisting me achieve successful management of my patients."*

– Elizabeth Carazo, M.D.

## Medical Record Documentation for HEDIS

As part of our ongoing efforts to improve the care provided to our participants through collaboration with our network providers, PA Health & Wellness collects and analyzes performance data received from our providers to evaluate the quality of care received by our participants. Throughout the year we may request medical records from you as part of this ongoing quality improvement program.

**Document, including dates of service**, all current and past:

- Screenings (e.g. mammogram, colonoscopy, Pap test,)
- Test results (e.g. HbA1c, nephropathy labs, FOBT kits, retinal eye exams)
- Immunizations (e.g. HPV, flu, MMR, DTaP/DT)
- Advance Care Planning discussions
- Health education
- Prescriptions
- Assessments
- Treatments

### Details of good documentation

#### Who received the care?

- Participant name and date of birth should be on all pages of the medical record (front and back)

#### Who provided the care?

- Clearly document who provided the care for tests, cancer screenings, assessments, etc.
- Provider should always sign, date and include professional designation on every entry

#### What care or service was provided?

- Be specific and provide rationale
- Avoid unapproved medical abbreviations
- Avoid subjective descriptions (e.g. well, better, about)
- Never leave blank spaces or blank lines, in an effort to prevent alteration of the notes

- Use appropriate ICD-10 and CPT or HCPCS codes for all services rendered
- Bill using accurate CPT II codes for evaluation and management of test results, etc.

#### When was the care provided to the member?

- Document the date, including year, of all treatments, appointments, screenings and care

#### Why is good medical documentation so important?

- Defines the purpose and rationale for each encounter
- Creates consistent communication amongst healthcare providers
- Helps to plan a basic course of treatment and provide continuity of care
- Helps support and improve quality of participant care
- Improves medical chart reviews for HEDIS clinical care gap closures

#### Where should you send requested documentation?

- We will always provide you with detailed instructions as to how and where to send medical record documentation, adhering to strict guidelines for protected health information

When medical records are requested, we appreciate your prompt response to all requests. Note that patient-authorized information releases are not required in order for you to comply with our medical records requests. We at PA Health & Wellness value your partnership in providing the highest quality of care for your patients, our participants.

If you have questions, please reach out to your PA Health & Wellness Provider Relations representative or [PHWProviderRelations@PAHealthWellness.com](mailto:PHWProviderRelations@PAHealthWellness.com).

# Are your bases covered?

Imagine you are watching a baseball game. A ground ball is hit. The shortstop fields it cleanly and makes a good throw to first base. **But** the first baseman does not cover the base!

That might never happen in Pro Baseball.

Sadly, it does happen in the world of healthcare. The patient suffers a change in condition. The emergency team arrives and stabilizes the patient. But, what happens next if the patient cannot speak for themselves? Without an Advance Directive, the base is left uncovered.

That’s why it is so important to speak to your patients about the importance of having an Advance Directive. And by doing this now, you can “get on the ball” because **Advance Care Planning (ACP) will be a new HEDIS measure in 2022.** We’ll be looking at medical record documentation from 2021.

Your patient and two other witnesses must sign the Advanced Directive. A lawyer is not required. You can find a free Advance Directive template at: <https://www.aarp.org/caregiving/financial-legal/free-printable-advance-directives/>



**New in HEDIS Measurement Year 2022:  
Advance Care Planning (ACP) Measure**

- The percentage of adults who had advance care planning during the measurement year:
  - Adults 65–80 years of age with advanced illness, frailty or palliative care and
  - Adults 81 years of age and older
- Acceptable documents include:
  - Durable Power of Attorney for Health Care (DPAHC)
  - Living Will
  - Combined Directives
  - Physician Orders for Life-Sustaining Treatment (POLST)
  - Surrogate Decision maker identified

Advance Care Planning CPT and ICD10 Codes*:		
Code System	Code	Definition
CPT	99483	Assessment of and care planning for patients with cognitive impairment like dementia, including Alzheimer’s disease, at any stage of impairment
CPT	99497	Advance care planning including the explanation and discussion of advanced directives such as standard forms (with completion of such forms, when performed), by the physician or other qualified health care professional.
CPT	1123F	Advance Care Planning discussed and documented advance care plan or surrogate decision maker documented in the medical record.
CPT	1124F	Advance Care Planning discussed and documented in the medical record, patient did not wish or was not able to name a surrogate decision maker or provide an advance care plan.
CPT	1157F	Advance care plan or similar legal document present in the medical record.
CPT	1158F	Advance care planning discussion documented in the medical record.
IC10CM	Z66 Z66	Do not resuscitate

\*Codes subject to change



# National Diabetes Awareness Month



**November is National Diabetes Awareness Month.** The goal is to increase the collective understanding of diabetes, learning to spot the warning signs of prediabetes and knowing what we can all do to prevent diabetes through education and communication.

In 1975, when the medical community saw a need to raise awareness, the Center for Disease Control reported that 2.29% of the U.S. population (4.78 million people) were diagnosed with diabetes. Fast forward 45 years to 2020, and the numbers have climbed: 10.50% of the U.S. population or 34.2 million people are living with diabetes. Scientists attribute the increase and earlier onset of the disease to multiple factors including lack of exercise and an abundance of unhealthy food – both of which were amplified by the pandemic and quarantine.

Now more than ever, the need for public diabetes awareness is at an all-time high. Not only did 2020 deliver a pandemic, it also shed a negative light on the rapidly rising prevalence of diabetes, yet another health crisis to manage.

More than 600,000 people in the United States have succumbed to COVID-19 while over millions of diabetics have been adversely impacted from the pandemic. A recent study, conducted by scientists at the University of Texas at El Paso, found that 1 in 10 people with diabetes hospitalized with COVID-19 die within one week.

Further, the American Diabetes Association (ADA) disclosed that diabetes was implicated in up to 40% of COVID-19 deaths. This disclosure is profound considering only 10% of the U.S. population suffers from diabetes.

While there have been substantial advancements to the acknowledgment and treatment of diabetes since 1975, despite COVID-19, the disease continues to worsen as a new year approaches.

November will be a spotlight pointed directly at diabetes awareness. Health care providers are indispensable in helping people with diabetes to manage their disease and maintain a healthy lifestyle. A focus on helping patients develop disease management skills can lead to lower HbA1c levels, fewer complications, fewer hospitalizations and lower out-of-pocket costs.

The care you provide in your office is critically important to the well-being of your patient. Each year, it is important for patients with diabetes to have:

- An annual wellness exam
- HbA1c checks
- Urine checks
- Monitor blood pressure
- Medications management, including use of statins
- Eye exam
- Feet exam
- Consider a referral to a nutritionist

Patients trust their doctors, and a strong recommendation from you about the importance of a healthy diet and physical activity can go a long way toward disease management and reversal. With so much information to cover in each visit, there are free resources available to you online. Below are links with great provider and patient resources!

- [https://www.cdc.gov/diabetes/managing/index.html?cid=DDT-OY3-General-AW-Search-Prepare\\_A-v3\\_Manage](https://www.cdc.gov/diabetes/managing/index.html?cid=DDT-OY3-General-AW-Search-Prepare_A-v3_Manage)
- Diabetes educational resources for healthcare providers can be found through the Diabetes Advocacy Alliance: [https://www.diabetesadvocacyalliance.org/html/resources\\_guidelines.html](https://www.diabetesadvocacyalliance.org/html/resources_guidelines.html)

If a PA Health & Wellness Community HealthChoices member needs diabetic supplies or assistance, please call or have the member reach out to our Program Coordination department at 844-626-6813 and we will be happy to assist. If you are interested in co-hosting an event or call campaign with PA Health & Wellness to close diabetic care gaps, please contact your Provider Relations representative to learn about partnership opportunities: [PHWProviderRelations@PAHealthWellness.com](mailto:PHWProviderRelations@PAHealthWellness.com).

<sup>1</sup> [https://www.cdc.gov/diabetes/statistics/slides/long\\_term\\_trends.pdf](https://www.cdc.gov/diabetes/statistics/slides/long_term_trends.pdf)

<sup>2</sup> <https://www.cdc.gov/diabetes/data/statistics-report/index.html>

<sup>3</sup> [https://www.upi.com/Health\\_News/2021/07/15/diabetes-high-risk-condition-death/2781626314320](https://www.upi.com/Health_News/2021/07/15/diabetes-high-risk-condition-death/2781626314320)

<sup>4</sup> <https://www.reuters.com/investigates/special-report/usa-diabetes-covid/>

# Medical Record Requests



PA Health & Wellness needs your help! We are currently sending out medical record review requests to close care gaps.

We ask that you return the records to the requestor within 5-7 business days. You will receive a fax directly from the HEDIS Operations team at PA Health & Wellness. We are not using vendors at this time. Our fax number is (844) 340-3600. **Please return the records to the attention of HEDIS Operations.**

Please remember that as outlined in your Provider Agreement with PA Health & Wellness, you are required to respond to medical record requests that are aligned with state and regulatory activities, at no cost to PA Health & Wellness and its members.

HEDIS Operations is here to help answer any of your questions that you may have during this time. Please send an email to Heather Eilert, Manager of HEDIS Operations at [heather.eilert@pahealthwellness.com](mailto:heather.eilert@pahealthwellness.com) or reach out to your Provider Relations Representative. We appreciate your assistance!



## EMR Access

We understand that your team handles multiple requests for medical records through the year. Requests to return paperwork increase your administrative burden and take away from the time you spend with your patients. COVID has further complicated matters.

PHW wants to help. We are inviting you to opt-in to our EMR Access Program.

When we need medical records to complete a clinical review or process claims, we will access your EMR system via a secure login that you will provide. We will securely print the information needed for review to a secure repository, where our medical requesters will review the records. All of this work will be done in a way that is compliant with HIPAA and privacy regulations.

Remote access to your EMR system is ideal, as it minimizes the need for onsite visits, protecting everyone.

Your staff will be free from manual work to pull medical records together to return to PHW. **You will be able to prioritize patient care over paperwork.**

To join the PHW EMR Access program, we'll ask you to provide PHW with access to your EMR system by providing logins. Our Provider Relations department can walk you through the information we need in order to set up access. They can set up a brief call with the PHW program team, who can provide additional information and answer any questions you may have.

We look forward to working with you!



## Meet the brand that's taking a no-nonsense approach to Medicare.

Welcome to Wellcare. As a valued Allwell provider, we want to share some exciting changes to our Medicare plans. We've combined multiple brands under the Wellcare name to offer a better range of plans that provide members with affordable access to doctors, nurses, and specialists.

As always, Wellcare is committed to working with you to ensure your patients receive the best care. We know you probably have a few questions, so we want to take a moment to answer them for you.

### Which Medicare brands become Wellcare?

WellCare, Allwell, Health Net, 'Ohana, Fidelis Care, and Trillium Advantage.

### Does this involve all lines of business for these brands?

No, only Medicare. In designated states, some of these brands will continue to exist with Medicaid and Marketplace plans.

### When does the transition begin?

This fall, you will begin to receive materials with the new Wellcare branding. We will officially transition to Wellcare on January 1, 2022, unless otherwise noted. Please note, you may see materials with the old branding prior to January 2022.

### Will my current Allwell members receive new ID cards for the current plan year?

Members will receive newly branded ID cards later this year for the 2022 plan year. Current ID cards should continue to be accepted in 2021.

### Will coverage change for patients in 2021?

No, their coverage, benefits, and ID number for 2021 will not change. 2022 coverage will be determined by the plan they have enrolled in.

### As a current Allwell provider, what changes can I expect to payor business operations, such as claims processing, payments, provider portal, etc.?

There will be no operational or business integration changes for 2022. However, if there are any administrative changes in the future we will notify you immediately.

© Copyright 2021 PA Health & Wellness. All rights reserved. Benefits will vary by plan. This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Benefits, premiums, and/or copayments/coinsurance may change on January 1 of each year.





## 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>

## Mandated Reporting

**All PHW Providers and their employees or administrators, direct care workers and Service Coordinators (SC) are required by law to be mandatory reporters of Critical Incidents.**

- The entity who first discovers or learns of the Critical Incident (if they were not present when it occurs) is responsible to report it.
  - This applies to incidents that happen **AT ANY TIME**.
  - Take immediate action to ensure health, safety, and welfare.
- **Report to APS or OAPS** and local law enforcement, if the Participant is a victim of sexual abuse, serious injury, abandonment, or suspicious death.
  - Adult Protective Services (APS; for ages 18 to 59) or Older Adult Protective Services (OAPS: Ages 60 & over)  
Hotline: 1-800-490-8505.
- Contact the Participant's **Service Coordinator** (within 24 hours).
- **Remove** worker from the Participant's services (if the incident includes allegation of improper behavior by that worker) and from servicing any CHC Participant until the investigation is complete.
- **Re-evaluate** backup plans or staffing assignments to prevent further incidents. Discuss options or concerns and resolutions with the SC and Participant.



## 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.sjc1.qualtrics.com/jfe/form/SV\\_bmzuVceOWaQX5Cm](https://cnc.sjc1.qualtrics.com/jfe/form/SV_bmzuVceOWaQX5Cm)