

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



Prioritizing Preventive Care **in 2022**

Preventive care has started to rebound but is still behind where it was, prior to COVID-19. Routine preventive screenings such as colonoscopies and mammograms have fallen to the wayside, creating greater risk of not detecting cancers in the early stages when a prognosis is more favorable.

- 43 percent of American adults had missed routine medical appointments
- 35 percent of adults had missed a scheduled cancer screening
- 22 percent of those who missed appointments said their doctor's or dentist's office was open, but they wanted to minimize their risk and exposure to COVID-19

Getting patients back on track to receiving scheduled preventative screenings is a top priority in 2022. Patients are more inclined to have cancer screenings when it is recommended by their primary provider. Every step of the way, health care providers serve as a central health information source by assessing patient screening eligibility, negotiating a course of action, and helping to coordinate screening tests and follow-up care.

PA Health & Wellness is working to educate our members and encourage them to partner with their primary providers, so they may receive these screenings or services in 2022:

- Annual wellness visit
- Mammograms
- Cervical cancer screenings

- Colorectal cancer screenings
- Blood pressure checks
- Medication reviews and discussion about adherence
- COVID vaccines
- Annual dental visit

For our diabetic members, preventive care is more important now than ever. The CDC reported in 2021 that many diabetic patients did not receive preventive services during the pandemic, leading to worsened glycemic control and increased incidents of severe diabetic ketoacidosis. At a minimum, we encourage our provider partners to order the following tests or services for diabetic patients:

- Dilated retinal eye exams
- Blood panels, including lipids and HbA1c
- Urine protein or albumin
- Blood pressure
- Foot exams
- Medication reviews

At PHW, closing preventative care gaps in care in 2022 is our goal. Together, we can transform the health of the community, one person at a time. We appreciate your partnership in this endeavor to improve and maintain the health of our most vulnerable community members.

Impact of Provider-Patient Communication on Cancer Screening Adherence: A Systematic Review, 2016 Sep 28, <https://www.ncbi.nlm.nih.gov/>

² Doctors Speak Out Urging Patients to Close Gaps in Essential Care, 2021 June 09, <https://www.midmichigan.org/>

<https://www.cdc.gov/mmwr/volumes/70/wr/mm7046a2.htm>

What is **Health Literacy**?

Health literacy is the degree to which an individual has the capacity to obtain, communicate, process, and understand basic health information and services to make appropriate health decisions.

Why is health literacy important?

Only 12% of adults in the United States have proficient health literacy skills, and 1 in 3 U.S. adults have basic or below basic health literacy skills. Limited health literacy (LHL) affects everyone, regardless of racial and ethnic group, or education level. Those with LHL often experience difficulty with common health tasks, such as following directions on a prescription drug label or deciphering childhood immunization schedules.

LHL is linked to poor health outcomes, including higher rates of hospitalization and less frequent use of preventive services.

Who is at greatest risk for having LHL?

- Older adults.
- Racial and ethnic minorities.
- People with less than a high school degree or GED certificate.
- People with low income levels.
- Non-native English speakers.
- People with compromised health status.

Know your patients

- Up to 80% of patients forget what their doctor tells them as soon as they leave the doctor's office.
- Nearly 50% of what patients do remember is recalled incorrectly.
- Patients may not ask questions because they are ashamed to admit they don't understand.

Signs your patient may have LHL

- Not getting their prescriptions filled or not taking medications as prescribed.
- Consistently arriving late to appointments.
- Returning forms without completing them.
- Requiring several calls between appointments.

Patients with LHL may make statements like:

- "I'll take this home for my family to read."
- "What does this say? I don't understand this."

https://www.pahealthwellness.com/content/dam/centene/Pennsylvania/pdfs/BrandedProvider_EffectiveCommunication_121620.pdf





Our Medicare product has a new look and name: **Wellcare!** The same great benefits and coverage you expect with a fresh new feel.



Members received newly branded ID cards for 2022.



In 2022, we introduced a new PPO product line in addition to our MAPD and D-SNP plans. Our new PPO plans include: Wellcare Assist Open, Wellcare No Premium Open, Wellcare Low Premium Open and Wellcare Giveback Open.



Wellcare by Allwell is committed to working with you to ensure your patients receive the best care.

Provider Services:

HMO/PPO: - 1-855-766-1456

HMO DSNP: 1-855-330-9368

www.wellcare.com/allwellpa

HEDIS Measurement Year

2021

Springtime brings showers, flowers and... HEDIS medical record reviews!

PA Health & Wellness is hard at work on reviewing charts to determine member compliance for preventive care services. Your offices have already received requests from Change Healthcare or CIOX. In some cases, you may hear directly from our HEDIS Operations team if clarification is needed. We'll mostly be reviewing data from calendar year 2021, but we may ask for additional documentation from other years, depending on the HEDIS measure.

We ask that you return the records to the requestor within 5-7 business days. **The last day to send HEDIS medical records back is April 25, 2022.**

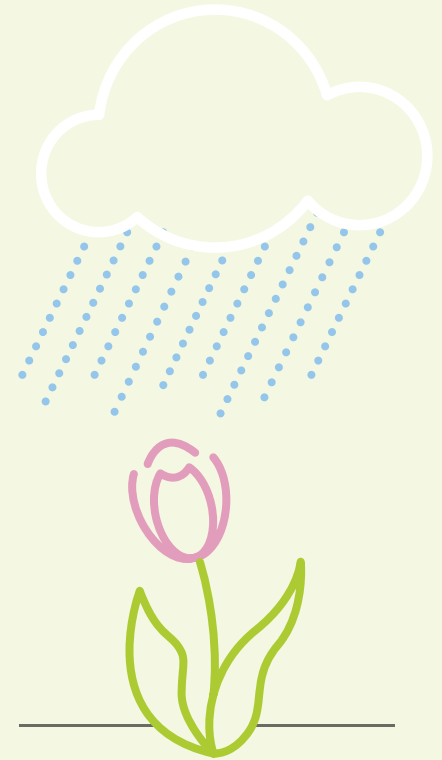
Please remember that as outlined in your Provider Agreement with PA Health & Wellness, you are required to respond to medical record requests that are aligned with state and regulatory activities, at no cost to PA Health & Wellness and its members.

If you need a copy of our HEDIS tip sheets, or our Quality Reference Guide, you can find current copies of them on our website:

<https://www.pahealthwellness.com/providers/quality-improvement/hedis.html>

HEDIS Operations is here to help answer any of your questions that you may have. Please send an email to Heather Eilert, Manager of HEDIS Operations at heather.eilert@pahealthwellness.com or reach out to your Provider Relations Representative.

We appreciate your assistance! Thank you for your continued partnership.



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. Giving PA Health & Wellness access to your EMR systems

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!



Seeking Physician & Practice Partnerships!

PA Health & Wellness is seeking partnerships with physicians and practices who are interested in closing patient care gaps. Let's work together to creatively collaborate on getting our members the care they deserve and need. These partnerships can include members from all lines of business (Medicare, Medicaid and Marketplace).

Partnerships are beneficial for everyone. Members benefit from seeing their providers and having a checkup. You will benefit by closing care gaps and positively impacting your P4P metrics.

If you are interested in any of the following partnerships – or if you have some ideas of your own – we would love to hear from you. Please reach out to Rose Popiolek, Director of Stars, at Rose.Popiolek@pahealthwellness.com, or you may also reach out to your Provider Relations Representative.

Please note that the costs for these services will not be passed onto you. Additionally, we will work with our members and internal teams to coordinate member outreach and transportation.



In-office **diabetic retinal eye exam** direct partnership



Onsite **clinic days, health fairs** or **special events**



PHW specific appointment blocks for **annual wellness visits** and **diabetic clinics**



Referrals for **home health tests**, including FIT-KITs (colorectal cancer screening), HbA1c, microalbumin and chlamydia screenings



Any other creative solutions to get our members preventive care!



LTSS - Reassessment/Care Plan Update After Inpatient Discharge (RAC)

We are committed to keeping you informed about how we are contributing to the care of your patients, our PA Health & Wellness (PHW) participants. It is incontrovertible that all Pennsylvanians deserve the best care possible. Long Term Service and Supports (LTSS) are available to eligible PHW participants needing long term care due to chronic illnesses, disabling conditions, or other complex issues. These long-term services and supports can be provided in a community setting or in a long-term care facility.

To evaluate quality of care, the Commonwealth of Pennsylvania requires an annual LTSS audit. We at PHW strive to meet and exceed Commonwealth goals for all four LTSS measures:

- Comprehensive Assessment and Update (CAU)
- Comprehensive Care Plan and Update (CPU)
- Shared Care Plan with Primary Care Practitioner (SCP)
- Reassessment/Care Plan Update After Inpatient

This brief article will take a more in-depth look at the **LTSS measure Reassessment/Care Plan Update After Inpatient Discharge (RAC)**. Future articles will touch on the other three measures.

The RAC measure considers the percentage of discharges from inpatient (IP) facilities for LTSS organization participants ages 18 years and older for whom a reassessment and care plan update occurred within 30 days of discharge.

Following an IP discharge, a PHW Service Coordinator will reach out to the participant within 30 days of discharge to discuss the participant's current health status and care needs. Nine core elements are re-assessed while nine care plan elements are updated.

Reassessment Core Elements

1. Activities of Daily Living
2. Acute and chronic health conditions
3. Current medications
4. Cognitive functioning
5. Mental health status
6. Home safety risks
7. Living arrangements
8. Current and future family/friend caregivers and their contact information
9. Name and contact information for the Participant's current, known ongoing care providers

Care Plan Updates

1. At least one individualized participant goal (medical or non-medical)
2. A plan of care to meet the participant's medical needs
3. A plan of care to meet the participant's functional needs
4. A plan of care to meet the participant's needs due to cognitive impairment
5. A list of all LTSS services and supports the participant receives or is expected to receive in the next month including the amount and frequency
6. A plan for the Service Coordinator to follow up and communicate with the participant
7. A plan to ensure that the participant's needs are met in an emergency
8. Family/friend caregivers who were involved in development of the care plan, and their contact information.
9. Participant or participant representative (e.g., POA) agreement to or appeal of the completed care plan

As you can see, this review requires an in-depth conversation between the Service Coordinator and the participant to glean whether the recent IP stay altered their baseline care needs. When a new need is realized, the Service Coordinator works closely with the participant and a service organization to ensure that the new health and wellness needs are met. For example, a participant who previously was able to drive herself to her doctor appointments may, after discharge, be unable to drive and therefore needs transportation to her follow-up appointments with you. The Service Coordinator will work to find a transportation service, thereby eliminating the transportation barrier. Likewise, a participant may now need assistance in maintaining proper nutrition. A Service Coordinator can arrange for a partnering meal service to bring healthy meals or for a personal assistant to help the participant in preparing her own meals.

At PHW, our goal has always been to transform the health of the community, one person at a time. We appreciate your partnership in this endeavor to improve and maintain the health of some of our most vulnerable community members.

Resources

National Committee for Quality Assurance. 2021. HEDIS Measurement Year 2021 & Measurement Year 2022 Technical Specifications for Long-Term Services and Supports Measures.

2022 Partnership for Quality

(Formerly Continuity of Care)



Wellcare understands that the provider-member relationship is a key component in ensuring superior healthcare and the satisfaction of our members. Because Wellcare recognizes these important partnerships, we are pleased to offer the 2022 Partnership for Quality (P4Q) Bonus Program, which rewards PCPs for improving quality and closing gaps in care.

The P4Q Program includes a bonus enhancement to better align payment with quality. Providers can earn incentives at multiple levels based upon Star score achievement for each measure. **Exciting news, we have increased Star score bonus pay-outs this year by \$5 for most measures.**

Each measure will be calculated and rewarded individually. Star Rating is determined by comparing a P4Q provider's compliance percentage for a given program measure to established benchmarks.

Program Measures	Base	3-STAR	4-STAR	5-STAR
Bone Mineral Density Testing	\$10	\$25	\$35	\$45
Care of Older Adult - Medication List and Review*	\$5	\$15	\$25	\$35
Care of Older Adult - Pain Screening*	\$5	\$15	\$25	\$35
Care of Older Adult – Functional Status Assessment*	\$5	\$15	\$25	\$35
Colorectal Cancer Screen	\$10	\$25	\$35	\$45
Diabetes - Dilated Eye Exam	\$10	\$25	\$35	\$45
Diabetes HbA1c ≤ 9	\$10	\$30	\$45	\$60
Diabetes Monitor Nephropathy	\$5	\$15	\$25	\$35
Follow-Up After ED Visit for People With High-Risk Multiple Chronic Conditions	\$10	\$15	\$25	\$35
Hypertension	\$10	\$30	\$45	\$60
Mammogram	\$10	\$25	\$35	\$45
Medication Adherence – Blood Pressure Medications	\$10	\$30	\$45	\$60
Medication Adherence – Diabetes Medications	\$10	\$30	\$45	\$60
Medication Adherence – Statins	\$10	\$30	\$45	\$60
Statin Therapy for Patients with Cardiovascular Disease	\$10	\$25	\$35	\$45
Statin Use in Persons With Diabetes	\$10	\$25	\$35	\$45
Transitions of Care - Medication Reconciliation Post Discharge	\$10	\$15	\$25	\$35
Transitions of Care - Patient Engagement after Inpatient Discharge	\$10	\$15	\$25	\$35

*Dual Eligible Special Needs Plan (DSNP) members only



Quality Bonus Instructions

- 1 The measurement period is Jan. 1 to Dec. 31, 2022. Wellcare must receive all claims/encounters by Jan. 31, 2023.
- 2 Schedule and conduct an exam with the eligible member using the Healthcare Effectiveness Data and Information Set (HEDIS[®]) reports as guides to close care gaps and update diagnoses. Note: Additional Star measures may become applicable to eligible members as claims and data are received throughout 2022.
- 3 Prescribe appropriate medications to your members and encourage them to fill their prescriptions; consider 90-day supplies for members stable on therapy.
- 4 Upon completion of the examination, document care and diagnosis in the patient's medical record and submit the claim/encounter containing all relevant ICD-10, CPT and/or CPT II codes by Jan. 31, 2023.

HEDIS[®] is a registered trademark of the National Committee for Quality Assurance (NCQA).



Payment Timeline

Payments will begin after processing claims/encounters for the first quarter of 2022. Payments will continue through 2023.



Additional Conditions

Additional conditions for eligibility to receive a Bonus under the P4Q Program are:

- ✓ All P4Q providers must: (a) be in a participation Agreement with Wellcare, either directly or indirectly through a vendor, from the Effective Date and continually through the dates the Bonus payments are made, and (b) be in compliance with their participation Agreement including the timely completion of required training or education as requested or required by the Plan.
- ✓ Bonuses are paid to the eligible member's provider of record at the end of the applicable measurement periods as defined by the P4Q Program.
- ✓ Any Bonus payments earned through this P4Q Program will be in addition to the compensation arrangement set forth in your participation Agreement, as well as any other Wellcare incentive program in which you may participate. At Wellcare's discretion, P4Q providers who have a contractual or other quality incentive arrangement with Wellcare either directly or through an IPA/Vendor may be excluded from participation in this P4Q Program.
- ✓ The terms and conditions of the participation Agreement, except for appeal and dispute rights and processes, are incorporated into this Program, including without limitation, all audit rights of Wellcare, and the P4Q provider agrees that Wellcare or any state or federal agency may audit his/her/its records and information.
- ✓ The Program is discretionary and subject to modification due to changes in government healthcare program requirements, or otherwise. Wellcare will determine if the requirements are satisfied and payments will be made solely at Wellcare's discretion. There is no right to appeal any decision made in connection with the Program. If the Program is revised, Plan will send a notice to P4Q provider by email or other means of notice permitted under the participation Agreement.

- ✓ Wellcare reserves the right to withhold the payment of any Bonus that may have otherwise been paid to a P4Q provider to the extent that such P4Q provider has received or retained an overpayment (any money to which the P4Q provider is not entitled, including, but not limited to, Fraud, Waste or Abuse) from the Plan, or Plan's Eligible Member. In the event Wellcare determines a P4Q provider has been overpaid, Wellcare may offset any Bonus Payment that may have otherwise been paid to the P4Q provider against overpayment.
- ✓ Only one Bonus Payment will be made for a specific HEDIS and Medication Adherence member-measure combination.
- ✓ Plan shall make no specific payment, directly or indirectly under a provider incentive program, to a P4Q provider as an inducement to reduce or limit medically necessary services to an enrollee, and this P4Q Program does not contain provisions that provide incentives, monetary or otherwise, for withholding medically necessary care. All services should be rendered in accordance with professional medical standards.



Important Contact Information

If you have questions about our P4Q Program, please contact your Wellcare representative, or call Provider Services at **1-855-538-0454** (TTY **711**). You can reach us Monday–Friday from 8 a.m. to 6:30 p.m. EST.



2022 HCBS Provider Training

The 2022 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.

HCBS Provider Types required to complete this training in 2022 include:

- Adult Daily Living
- Assistive Technology
- Behavior Therapy Services
- Benefits Counseling
- Career Assessment
- Cognitive Rehabilitation Therapy Services
- Community Integration
- Community Transition Services
- Counseling Services
- Employment Skills Development
- Financial Management Services
- Home Adaptations
- Home Delivered Meals
- Home Health Aid Services
- Job Coaching
- Job Finding
- Non-Medical Transportation
- Nursing Services
- Nutritional Consultation Services
- Occupational Therapy
- Personal Assistance Services
- Personal Emergency Response System (PERS)
- Pest Eradication
- Physical Therapy
- Residential Habilitation
- Respite
- Specialized Medical Equipment and Supplies
- Speech and Language Therapy
- Structured Day Habilitation
- Telecare
- Vehicle Modifications

Once registered, you will be sent an email with the link to view the training at any time. This training is approximately 30 minutes long.

Register here: <https://register.gotowebinar.com/register/634902416093614608>

2022 HCBS Training Attestation: <https://www.pahealthwellness.com/providers/provider-training/hcbs-training-attestation.html>

This training will cover a variety of information to effectively serve the PA Health & Wellness Community HealthChoices (CHC) Participants including but not limited to the population being served through CHC, Service Coordination, Accessibility requirements, Medical Necessity, Information around Alzheimer's Disease and related dementias, Referral for mental health and drug, alcohol and substance abuse services, The diverse needs of persons with disabilities, PHW Policies against discrimination, Cultural, Linguistic and Disability Competency, Treating the populations served by PA Health & Wellness, Administrative processes, Provider & Quality Management related issues, PHW Utilization Review and Prior Authorizations, PHW Complaints & Grievances Process & Performance Improvement Plans.

PHW Provider Education & Training Opportunities:

- ✓ **Cultural Awareness & Sensitivity**
April 27, 2022 at 10 a.m.
- ✓ **Quality Management Processes and Issues and Provider Relations Issues**
May 25, 2022 at 10 a.m.
- ✓ **PA Health and Wellness Administrative and Other Processes**
July 27, 2022 at 10 a.m.
- ✓ **Understanding the Basics of Dementia**
September 21, 2022 at 10 a.m.



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>



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

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
300 Corporate Center Drive, Suite 600
Camp Hill, PA 17011



Email: PHWComplaintsandGrievances@PAHealthWellness.com

Phone: 844-626-6813

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

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