Provider Newsletter

pa health & wellness | ambetter. FROM pa health & wellness | wellcare By allwell.

Summer 2023, Volume 12

ATTENTION PA HEALTH & WELLNESS IS MOVING!
Effective July 1, 2023 PHW will be located at **1700 Bent Creek Blvd, Suite 200, Mechanicsburg, PA 17055**.

Membership Demographic and Interpreter Updates

Treating the whole patient – not only their conditions – is a major component of delivering quality healthcare. **PA Health & Wellness** offers you information and tools to help make that possible.

Member Demographics and Our Members

PA Health & Wellness members speak more than 45 languages, and the population grows more diverse each year. In 2020, 88.3% of State residents reported English as their preferred language, and 11.7% prefer another language, according to U.S. Census data. PA Health & Wellness also identifies 15 languages meeting a certain threshold among members in 2022. PA Health & Wellness's threshold languages include English, Spanish, Chinese, Russian, Vietnamese, Nepali, Central Khmer, Korean, Gujarati, Haitian, Arabic, Malayalam, Albanian, Polish, and Ukrainian.

Working With Interpreters in Your Practice

To request an on-demand telephonic interpreter, please call Ambetter from PA Health & Wellness at 1-833-510-4727 (Relay 711), for a PA Health & Wellness participant, call Participant Services at 1- 844-626-6813 and provide your patient's Member ID number. Not sure of your patient's language? For Ambetter from PA Health & Wellness, go to our website at https://ambetter.pahealthwellness.com/, click on the member language found under "Language Assistance" in the footer at the bottom of the page. For a PA Health & Wellness participant, click on www.pahealthwellness.com, then click on "Language Assistance" in the footer at the bottom of the page and have the member point to their language. If it's not listed, you can work with the interpreter service to identify the right language. You may also find out a patient's language by logging on to our provider portal and downloading your Patient List, or by contacting our Member Services department at the toll-free number located on the back of the member's ID card.

Using the speakerphone function is recommended for communication efficiency between you, your patient and the interpreter.

All participating PA Health & Wellness providers are required to comply with certain interpreter requirements.

- Providers must ensure that bilingual staff who act as interpreters are qualified and meet the quality standards, which includes documentation that the staff member's proficiency was assessed.
- Patients can never be required to bring their own interpreters.
- Minors may not interpret, even if their parent or other relative consents, unless there is an emergency and there is not a qualified interpreter immediately available.
- An accompanying adult may interpret if the patient agrees and if it is appropriate to the situation.

Providers that use bilingual staff to communicate with patients must ensure that bilingual staff can interpret effectively, accurately, and to and from the language of the patient and English, using any necessary specialized vocabulary terminology and phraseology.

Providers are strongly encouraged to document in the medical record the use of family, friends and minors as interpreters. If an interpreter is offered and the patient declines, the provider should also document this in the medical record.

Reach out to your provider relations specialist with PA Health & Wellness to learn more about these requirements, and how you can use them to make your relationship with your patients stronger and more effective.

Wellcare by Allwell, our Medicare Advantage Plan in Pennsylvania, offers a wide range of plan benefit packages which offer our members coverage beyond Original Medicare. Most of our plans have prescription drug coverage, low or $0 premiums and extra benefits and perks which may include:

- Dental, hearing, and vision coverage
- Flex cards to assist with co-pays
- Transportation services
- Telehealth visits
- Over-the-counter benefits
- Wellness and fitness programs
- Special benefits for the chronically ill
- Member Rewards Program

And new for 2023:

- Our D-SNP plans now offer:
  - A healthy foods card with a monthly benefit amount members can use to purchase nutritious foods from certain retailers, both in-store and online.
  - $0 prescription copays, all year long, in all benefit phases. There's no deductible and no copay for all covered generic and brand Part D prescriptions.
- We also have a new PPO D-SNP Plan called "Wellcare Dual Access Open".

And our Dual Special Needs Plans also offer:

Healthy Foods Card

$0 Rx Copays

Personal Emergency Response Systems

Plan Types:	Dual Eligible Special Needs Plans(HMO D-SNP and PPO D-SNP)	Health Maintenance Organization (HMO)	Preferred Provider Organization (PPO)
Plan Descriptions:	A specialized Medicare Advantage plan that provides healthcare benefits for beneficiaries that have both Medicare and Medicaid coverage. Beneficiaries must meet certain income and resource requirements with eligibility and scope of benefits offered determined by the state.	A Medicare Advantage plan with a network of contracted healthcare providers and facilities. Members are required to select a primary care provider to coordinate care and if they need a specialist, the PCP will choose one who is also in our network.	A Medicare Advantage plan in which patients may seek care from any Medicare provider in the country who agrees to see them as a Medicare member. Members pay less when they use contracted providers in our network. Out-of-network providers may choose not to bill our plan and may ask members to pay for services up front.
Plan Names:	Wellcare Dual Access Wellcare Dual Access Open	Wellcare No Premium Wellcare Assist Wellcare Giveback Wellcare Patriot Giveback Wellcare No Premium	Wellcare Assist Open Wellcare No Premium Open Wellcare Low Premium Open Wellcare Giveback Open

And there's more good news...

If a member is dual eligible and is aligned with PA Health & Wellness for Medicaid and Medicare coverage, the member and provider experience is even better. It's all-in-one coverage with extra benefits.

Good for you...

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

Good for your patients...

- **Expanded drug coverage**
- **Preventive services**
- **More rides** to doctors appointments
- **Lab services**
- **One call** for customer services
- **One care** to carry
- **Care team** to plan and coordinate care
- **No additional cost**
- **Caregiver support**

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 or contact us at:

Provider Services:
HMO/PPO: 1-855-766-1456 (TTY: 711)
HMO/PPO D-SNP: 1-866-330-9368 (TTY: 711)
www.wellcare.com/allwellpa

Attention D-SNP Providers 2023 Model of Care (MOC) Now Available! Annual Completion Required

What is the Medicare Model of Care (MOC) Training?

This information is offered to meet the CMS regulatory requirements for Model of Care (MOC) Training for our Wellcare by Allwell D-SNP product. It also ensures all employees and providers who work with our SNP members have the specialized training this unique population requires. The MOC is a quality improvement tool that ensures the unique needs of each beneficiary enrolled in a Special Needs Plan (SNP) are identified and addressed.

The required training materials are attached here for your convenience: Wellcare by Allwell Model of Care 2023 (PDF) handout format for your review, no webinar will be offered.*

Once you have completed reviewing these materials please complete the online attestation here: Required Model of Care Attestation

Important: Your **training requirement** will not be satisfied until we receive your completed Attestation.

*Please remember to include all tax identification numbers (TINs) that you are representing when completing the attestation form.
**Only 1 person per TAX ID needs to complete. If your organization has multiple TAX IDs - please list them all on your Attestation.*

Contact Us! If you have any questions regarding this training, please contact our Provider Training team at: providertraining@pahealthwellness.com or reach out to your dedicated Provider Network Specialist.

Medicare Stars Overview

CMS (the Centers for Medicare & Medicaid Services) uses a five-star Quality Rating System to measure Medicare beneficiaries' experiences with their health plan and health care system — **the Medicare Stars Rating Program**.

Medicare Stars Program Importance

The ratings determine if a Medicare Advantage plan is performing well in different categories (e.g., patient care, preventative care, member satisfaction, prescription plan, administrative/operation functions)

High rating plans with performance scores of 4-5 Stars receive a Quality Bonus Payment from CMS to mange patient care and enhance benefit options

If health plans with consistently poor performance scores of 2.5 or lower continue producing low Star ratings, they may face the possibility of having their plan terminated by CMS

Medicare Stars Health Plan Rating System

Medicare Stars Domains

Healthcare Effectiveness Data & Information Set (HEDIS)

Represents both a measure type and data set. HEDIS measures are developed and maintained by NCQA and are largely focused on the **processes and outcomes related to clinical quality and preventive care**. Data is sourced from claims, chart reviews, and various supplemental data sets, all requiring auditor review and approval.

Consumer Assessment of Healthcare Providers & Systems (CAHPS)

This annual survey **focuses on customer satisfaction with the health plan and beneficiary health care.** The survey is conducted anonymously. Plans never see member-level responses. The questions ask beneficiaries to rate various health plan and health care elements on a scale of 1 (bad) to 10 (good) and are based on member perception, memory recall, and general satisfaction.

Health Outcomes Survey (HOS)

Another annual anonymous member survey **focused on health care processes and health status.** This involves a two-part survey - the assessment and re-assessment. This is meant to measure whether members health has improved in specific areas year over year.

Pharmacy

The Pharmacy measure set spans a variety of sources from Prescription Drug Events (PDE) to administrative data. **Measures are all focused on the utilization of the pharmacy (or Part D) benefit** and range from Adherence to prescriptions to participation in standardized programs such as Medication Therapy Management.

Administrative

This domain includes **various administrative data sources** including disenrollment, complaints, appeals, call center and language interpretation, and audit functions.

Medicare Stars Provider Partnerships

CMS (the Centers for Medicare & Medicaid Services) uses a five-star Quality Rating System to measure Medicare beneficiaries' experiences with their health plan and health care system — the Medicare Stars Rating Program.

How You Can Help Improve Star Ratings

- ✓ Encourage patients to stay healthy by completing routine screenings and adhering to medications
- ✓ Provide a positive patient experience by delivering high quality care, simplified and timely appointment scheduling processes and demonstrating compassion and empathy towards patients
- ✓ Complete noncompliant member outreach calls
- ✓ Submit accurate and punctual claims for all office visits

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.

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 or patient charts to
  - PHWAgenda@pahealthwelleness.com
  - Fax: 1-844-918-0782 S Line: CoC

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.

UPDATE FOR 2023:

The 2023 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. 2023 and Dec. 31, 2023.

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 and/or comprehensive exam medical record via fax: 1-844-918-0782 S Line: CoC, email: PHWAgenda@pahealthwelleness.com, or electronically: 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.

2023 HCBS Provider Training

The 2023 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
- 2023 HCBS Training Attestation
- 2023 Annual HCBS Training Handout (PDF)
- 2023 Model of Care (DSNP) is now available!

Please visit https://www.pahealthwellness.com/providers/provider-training.html for other training opportunities and registrations links.

Improving your Diagnosis Coding and Documentation Specificity

The Clinical Documentation Improvement (CDI) team at Centene Corporate invites you to attend a Risk Adjustment Web-based training that will cover coding guidelines and best practices to promote quality documentation, accurate coding and regulatory compliance.

Areas covered in the Webinar:

- Broad Overview of Risk Adjustment
- Documentation and Coding - It's all in the details
- Case study examples
- Telehealth for Risk Adjustment

Who will benefit:

- Coders, billers, auditors, providers, practice administrators

Training topics include:

- Leading Practices for HCC Documentation and Coding
- HCC Coding & Documentation Trends to Avoid
- Application of MEAT Criteria & Specificity in Coding
- Practical Approaches to HCC Coding and Risk Adjustment
- Commonly Missed and Miscoded Diagnosis Codes
- And more!

Please visit https://www.pahealthwellness.com/providers/provider-training.html for a full list of training topics, dates and registration links.

PA Health & Wellness is available for direct questions as it relates to CDI and risk Adjustment. Visit our website https://www.pahealthwellness.com/providers/risk-adjustment.html, call **877-236-1320** or email **PHW_RiskAdjustment@PAHealthwellness.com** and Chelsea on our team will schedule time with you to answer your specific coding questions.

If you have questions on HEDIS coding, please email Kristin at Kristin.Strohmeier@PAHealthWellness.com or call **412-897-2298** to schedule time with your assigned Provider Quality liaison.

Provider Updates

Please visit https://www.pahealthwellness.com/providers/provider-updates.html to view all recent Provider Updates.

- Attention Durable Medical Equipment (DME) Providers, June 9, 2023 (PDF)
- Medicare Auth List Changes, May 25, 2023 (PDF)
- Talk to Your Participants about Medical Assistance Eligibility Renewal, May 8, 2023 (PDF)
- PHW Provider Payment Policy Notification, May 5, 2023 (PDF)
- COVID-19 Medicare PHE Sunset Notice May 1, 2023 (PDF)
- Ambetter from PA Health & Wellness Fee Schedule Changes Updates Rates, April 12, 2023 (PDF)

We will be sunsetting the support@hhaexchange.com email address on July 1, 2023. Moving forward, all support requests should be made via our Client Support Portal.

You asked and we listened! We developed the Client Support Portal in response to customer feedback for quicker access to support, more visibility on the status of support requests, and an easier way to manage the support request process. **We recommend you begin using the Client Support Portal today to take advantage of the improved experience**, including:

- Faster support response
- Better communication
- Increased visibility of support request status
- Streamlined support request process

Visit the Client Support Portal Now

It is fast and easy to sign up to register a new account and start experiencing this new and improved experience today. Check out this job aid for step-by-step instructions and links to videos and a detailed overview of the Client Support Portal.

Thank you,

The HHAeXchange Support Team

P.S. Please note that this will not impact any other email addresses, including state specific emails, that you use to communicate with HHAeXchange.

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, Wase, 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).

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
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.

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

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