



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



PHW's Commitment to Our Patient's Continuity of Care **with Drug Therapy**

PA Health & Wellness is dedicated to maintaining continuity of care for our patients with regard to pharmacotherapy, so that patients have the optimal therapeutic outcomes with no disruption. To minimize any possible interruption in therapy due to yearly formulary changes that occur at the beginning of the year, we have provided some helpful tips so that you can be prepared to help your patients to navigate these changes and be able to maximize their benefits and quality of life.

What can I do if my patient's medication has utilization management changes or is no longer on the formulary?

Formularies may change at the beginning of the calendar year due to new or more cost-effective drugs coming to market or if there is new evidence that revises current clinical guidelines. As a result, PA Health & Wellness understands that this can be confusing for both members and providers alike. We would like to help to alleviate some of the confusion and prevent any interruption in your patient's care by providing some helpful tips for what you can do to ease some of the uncertainties associated with these changes.

Helpful Tip:

- Ask your patient to bring a copy of his or her 2021 formulary and/or any correspondence from the plan regarding formulary changes to office visits to discuss any changes and how to continue your patient's therapy with minimal to no disruption.
OR
- Visit our PA Health & Wellness website at [pahealthwellness.com](https://www.pahealthwellness.com) for more information regarding the 2021 drug utilization management criteria, placement on the formulary, or information regarding formulary removal.

What can I do as a provider to get my patient's drug covered if there are changes from the previous year?

Helpful Tip:

- If your patient's drug is no longer on the formulary, has different quantity limits or now requires a prior authorization, but you would still like to continue treatment, you can submit a Prior Authorization request on behalf of your patient depending on his or her plan:
 - **For Medicare (Allwell):** you can download a coverage determination request form at <https://allwell.pahealthwellness.com/drug-pharmacy/coverage-determinations-redeterminations.html> and fax the form to Envolve Pharmacy Solutions at 1-866-226-1093 or you can call 1-800-867-6564 to begin the coverage determination process for the specific drug that your patient requires.
 - **For Community HealthChoices (CHC):** you can download a prior authorization form from <https://www.pahealthwellness.com/providers/pharmacy.html> and fax this completed form to 1.877.386.4695 OR you can use CoverMyMeds by visiting [CoverMyMeds.com/EPA/EnvolveRx](https://www.CoverMyMeds.com/EPA/EnvolveRx) to begin using this free service.
 - **For Ambetter (Marketplace):** you can download a prior authorization form from <https://ambetter.pahealthwellness.com/provider-resources/manuals-and-forms.html> and fax the completed form to 1-866-399-0929.

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PHW's Commitment to Our Patient's Continuity of Care with Drug Therapy, continued.

What is the prior authorization process?

A prior authorization is a decision about whether a drug prescribed for your patient will be covered by us and the amount that your patient will need to pay. If the drug is not covered or there are restrictions or limits on a drug, you may request a prior authorization for your patient following the steps outlined in the helpful tips mentioned above. Each plan, however, has different rules for this process.

- **For Allwell (Medicare):** We must make a decision and respond after receiving your supporting statement for the patient's medication within 72 hours for a standard request and 24 hours for an urgent request. Generally, we will only approve the request for an exception if the alternative(s) on the formulary, the lower cost-sharing drug or additional restrictions on a drug would not be as effective in treating the patient's condition and/or would cause your patient to have adverse medical effects. If we deny the request, you may appeal this decision. Information on how to file an appeal will be included on the denial notice.
- **For Community HealthChoices (CHC):** We must make a decision on the prior authorization and respond within 24 hours. If we deny the request, you may appeal the decision. Information regarding what you can do if you receive a denial will be included on the denial notice.
- **For Ambetter (Marketplace):** We must make a decision on the prior authorization and respond within 24 hours. If we deny the request, you may appeal the decision. Information regarding what

you can do if you receive a denial will be included on the denial notice.

What can I, as the provider, ask for in the prior authorization process? You can ask us to cover:

- drugs that are not on our list (non-formulary medications)
- drugs that require prior approval
- higher quantity or dose of a drug
- drugs at a lower cost sharing tier, as long as the drug is not on the specialty tier (Tier 5) **(Medicare Only)**

What if I need additional information from PA Health & Wellness?

For any additional information that you need regarding your patient's plan, please contact us at the following numbers:

Allwell (Medicare):

- **HMO:** 1-855-766-1456 (TTY: 711)
- **HMO SNP:** 1-866-330-9368 (TTY: 711)

Community HealthChoices (CHC):

- 1-844-626-6813 (TTY: 1-844-349-8916)

Ambetter:

- 1-833-510-4727 (TTY: 711)

**Please note that a message system is used after hours, weekends and federal holidays.

COA - Functional Status Assessment



The Care for Older Adult (COA) HEDIS® measure aims to ensure that older adults receive the care they need to optimize their quality of life. COA takes into account whether providers are evaluating four elements in their older patients: Advance Care Planning, Medication Review, Functional Status Assessment, and Pain Assessment.

Functional Status Assessment is the observation of the ability of the adult member age 66 and older to perform certain tasks and the level of assistance needed to accomplish these tasks. To be compliant, documentation in the medical record must include evidence of a complete functional status assessment and the **date** when it was performed during the measurement year.

The compliant functional status assessment must include one of the following three notations:

- Notation that **Activities of Daily Living (ADL)** were assessed or that at least five of the following were assessed: bathing, dressing, eating, transferring, toileting, ambulating.
- Notation that **Instrumental Activities of Daily Living (IADL)** were assessed or at least four of the following were assessed: shopping for groceries, driving or using public transportation, using the telephone, cooking or meal preparation, housework, home repair, laundry, taking medications, handling finances.
- Notation of assessment utilizing a **standardized functional status assessment tool**.

Changes to this measure in 2020 removed *Notation of Cognitive, Sensory, Ambulation, Functional Independence.*

The functional status assessment cannot be isolated to an acute event, single condition, or limited to a body system (e.g., lower back, leg) nor can it be performed in an acute inpatient setting.

COA assessments completed in calendar year 2020 during a telephone visit, e-visit or virtual check-in will meet the HEDIS criteria for the measure. You will continue to be compliant with HEDIS, Medicare Stars and P4P by capturing this information virtually.

For more information about HEDIS, Care for Older Adult, or anything related to functional status assessments, please reach out to your Provider Relations representative, who will connect you with our HEDIS Operations team.

Comprehensive Diabetes Care: Focus on Blood Pressure and HbA1c



While providers are continually fine-tuning and adjusting to a “new normal” delivery of outpatient care brought on by the Covid-19 pandemic, many patients may now feel reluctant from maintaining timely preventative visits, such as annual physicals. For their part, some patients are avoiding visits because they do not want to leave their homes and risk exposure. Isolation in itself is a risk for weight gain, stress, anxiety, depression, poor diet and numerous other adverse detriments to one’s own well-being. For example, the duration of lockdown is comparative to the complacency of glycemic control and cardiovascular diabetes-related complications. Such increase can put an additional load on an overburdened healthcare system with an upsurge of Covid-19 infections in patients with uncontrolled glycaemia and elevated blood pressure.

To explore the impact of Covid-19 on preventative health care, the Health Care Cost Institute (HCCI) looked at a sample of health claims clearinghouse records from 18 states containing 184 million claims from 30 million patients in 2019 and 94 million claims from 20 million patients for the first 6 months in 2020. Overall, they found that the pandemic is having a significant dampening effect on the use of preventative health care services. Even by the end of August 2020, utilization of many preventive services appeared to be running below 2019 levels. (1)

There is obvious concern about the short and long term impact on patients with chronic conditions who opted to skip regular checkup appointments and lab tests. There is also concern about how the dip in in-person preventive care will have an immediate effect on HEDIS and Pay for Performance measures.

Starting in 2021, NCQA’s allowance of telemedicine visits (2) toward the compliance of 40 HEDIS measures includes Comprehensive Diabetes Care (CDC). We hope these new options will enable added flexibility in the member-provider relationship. To connect with higher risk diabetic patients, providers are encouraged to initiate proactive care through technologies comprising of telehealth and digital services for consultations, self-management and remote monitoring.

The CDC blood pressure element identifies the control of the most recent BP reading (<140/90 mm Hg) taken during an outpatient visit, telephone visit, e-visit or virtual check-in, or a nonacute inpatient encounter, or remote monitoring event during the measurement year. Blood pressures captured by the patient during a telehealth visit count towards compliance, as long as the BP reading taken by the patient is captured by a digital device.

While the HbA1c values cannot be monitored through a telemedicine visit, patients can be encouraged to make an appointment with a lab ahead of time. Some labs allow patients to check in for their appointment from their car with a mobile device. To find a lab close to their homes, PA Health & Wellness members can use our website, <https://www.pahealthwellness.com>

HbA1c and Blood Pressure control require multifaceted monitoring through appropriate medications, weight loss and exercise programs, just to name a few. We encourage you to stay in touch with your

diabetic patients and continue to educate them. It is essential for patients to obtain regular tests to detect potential issues early and appropriately manage their health to prevent adverse conditions impair their long-term well-being.

Serving all your patients will present unique challenges as we transition to the “new normal” of virtual care models. PA Health & Wellness understands the difficulty of managing and monitoring the critical nature of comprehensive diabetes care during COVID. However, we are here to support you in any way we can. If you would like to collaborate with us on how to manage your challenges with providing effective diabetic care during this time, please reach out to your Provider Relations representative, who can then put you in touch with our clinical experts within Care Management, HEDIS, and Service Coordination.

(1) The Impact of COVID-19 on the Use of Preventive Health Care, HCCI <https://healthcostinstitute.org/hcci-research/the-impact-of-covid-19-on-the-use-of-preventive-health-care>

(2) <https://www.ncqa.org/covid/>

Medical Record Requests and EMR Access



We're quickly approaching the end of the year, which means that PA Health & Wellness is preparing to begin our HEDIS medical record review chases again! What does that mean for you?

- Between the months of February and May, you may receive requests for medical records from PA Health & Wellness.
- We are requesting these records because we have identified members who one of your team members have provided care or services for.
- Medical records allow our team to review the documentation to confirm that members have received a specific service, like a mammogram, a blood pressure reading, or a diabetic eye exam.
- PA Health & Wellness provider programs like Pay for Performance (P4P) and Pay for Quality (P4Q) depend on the accuracy of documentation we receive, either through submitted claims data or medical records.
- **We ask that you return any medical record request within 7 business days.**
- Please use the following fax number to return any medical records.

844-340-3600, Attention: HEDIS Operations

There is a way to bypass some of the administrative burden that is associated with responding to medical record reviews. PA Health & Wellness has introduced an opt-in EMR access program for our networked providers. By opting into this program, PA Health & Wellness will have immediate access to our members' medical records, ensuring that our team can review documentation faster, and allowing you and your team to prioritize patients over paperwork.

For more information on HEDIS 2021 (Measurement Year 2020) or EMR access, please reach out to your Provider Relations Representative.



Did You Know.....?

Did you know the Annual Wellness Visit (AWV) medical billing codes will be credited towards the HEDIS Adults' Access to Preventive/Ambulatory Health Services (AAP) measure?

The AAP measure captures the percentage of members 20 years and older who had an ambulatory or preventive care visit with any provider type on an outpatient basis during the measurement year. Services that count include ambulatory visits, outpatient evaluation and management (E&M) visits, consultations, telephone visits, assisted living/home care oversight, preventive medicine, and counseling.

The following is a sample of medical codes are valid for both AWV and AAP measures:

- G0402 - Initial Preventative Physical Exam (IPPE)
- G0438 - Annual Wellness Visit, initial visit
- G0439 - Annual Wellness Visit, subsequent visit
- 99385-99387 - New Patient Annual Physical Exam
- 99395-99397 - Established Patient Annual Physical Exam
- Z00.00 - Encounter for general adult medical examination without abnormal findings
- Z00.01 - Encounter for general adult medical examination with abnormal findings

If you have any questions about HEDIS, please reach out to your PHW Provider Relations representative, who will be able to put you in touch with our HEDIS Operations team.



Winter Wellness for Patients and Providers

As the year winds down and the holiday season approaches, PA Health & Wellness wants to partner with your practice to make sure that you and your team are Winter Ready. This winter is predicted to be one of the most difficult on record, because of the convergence of COVID-19 and influenza season. Here are some tips we've gathered to help you manage through these unusual times.

COVID Prevention

- Encourage your patients to wear a mask and continue using hand sanitizer if they must go out in public.
- Educate your staff and your patients about the benefits of forming a **"Pandemic Pod"**, or a self-contained group of people who limit their non-socially distanced interactions with one another.
- Social isolation during the holidays is bound to be even more pronounced this year as the COVID-19 pandemic continues. Encourage your patients to share their feelings, practice self-care, and possibly seek counseling. It is never wrong to ask for help!
- Consider encouraging patients to use telemedicine, virtual e-visits or phone visits when possible. If the patient must come into the office or the hospital for a visit, give them information up front about the precautions you have taken to ensure minimal exposure and what your screening protocols entail.
- Incorporate guidance about stress management into general care practices.

Fluvention

- Offer flu shots to your patients during their visits. If they cannot make it into the office for a flu shot, educate them on which pharmacies or clinics in their area offer the shots.
- Greater than 90% of patients are likely to get a flu shot when recommended by their provider, including those with initial doubts. Most people know the importance of getting a flu shot, they may just need your reminder!

- Keep an eye on the CDC's Weekly Influenza Surveillance Report to understand national and local trends: <https://www.cdc.gov/flu/weekly/index.htm>

Antibiotic Stewardship

- Good antibiotic stewardship is defined as the right drug in the right dose at the right time.
- When the need for an antibiotic is confirmed, best practices include using the shortest effective duration of antibiotic therapy.
- Educate your patients about why antibiotics are not appropriate for viral infections, or why there are many different types of antibiotics on the market. Some patients may benefit from a little more education.
- Check out the CDC's Get Smart antibiotic stewardship website for up to date information: <https://www.cdc.gov/antibiotic-use/index.html>

Provider Wellness

Your health is important to us too!

- Many of us are feeling stressed out. It's okay to reach out for support and help.
- Utilize the buddy system. Find a co-worker who you can rely on to partner with.
- Learn to recognize signs of exhaustion, depression or burnout. Set up regular times to catch up and check in on your buddy and your other co-workers.
- Take breaks from social media or the news.

- Engage in mindfulness techniques, and exercise when possible. Take the stairs instead of the elevator at work. Take a walk with your buddy on a break if you can.
- If you or your co-workers need to speak with someone confidentially about mental health issues or substance abuse issues, there are free resources available. The SAMHSA hotline (offered through Health and Human Services) is available 24/7 at no cost. They can be reached at (800)-662-HELP. You can also find more information here about SAMHSA: <https://www.samhsa.gov/find-help/national-helpline>.

Working with PHW

- Did you know that more than 40 HEDIS measures will allow telemedicine visits to count towards compliance in 2021? Please reach out to your PA Health & Wellness Provider Relations representative for more information.
- Requests for medical records can feel overwhelming at different times during the year. PA Health & Wellness is interested in partnering with you to alleviate your administrative burden. By granting us access to your EMR (Electronic Medical Record) system, we can help you focus on patients over paperwork. Your Provider Relations representative can give you more information about this exciting initiative.

References:

https://greatergood.berkeley.edu/article/item/how_to_form_a_pandemic_pod
https://www.cdc.gov/coronavirus/2019-ncov/hcp/mental-health-healthcare.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fcommunity%2Fmental-health-healthcare.html

<https://www.ama-assn.org/delivering-care/public-health/managing-mental-health-during-covid-19>
<https://www.ncca.org/covid/>
<https://www.cdc.gov/flu/season/faq-flu-season-2020-2021.htm>

HEDIS Measurement Year 2020



HEDIS season is here! PA Health & Wellness has been preparing for our favorite time of year since the summer and there are a lot of great things that we'd like to share with you, including some information about HEDIS itself.

- The NCQA (National Committee for Quality Assurance) has revised the naming convention of HEDIS to include information about the measurement year, or the year that the HEDIS measures look back on. In calendar year 2021, PA Health & Wellness will be reporting on HEDIS data in measurement year 2020.

- There are a few new measures that the NCQA have introduced this year, including:
 - Kidney Health Evaluation for Patients with Diabetes
 - Cardiac Rehabilitation
 - Osteoporosis Screening for Older Women
- The NCQA has written an allowance into 40 HEDIS measures to allow for telehealth visits. This means that certain services that have been delivered during a telehealth visit will count towards compliance. For example:
 - Pain assessments or functional status assessment for older adults
 - Blood pressure readings, taken by a member with a digital device
 - Follow up after hospitalizations for mental illness and follow ups after ED visits for mental illness
- For more information about NCQA and COVID, please visit <https://www.ncqa.org/covid/#hedis>

PA Health & Wellness has developed comprehensive HEDIS documentation for your staff to refer to. Documentation includes information about medical codes that count towards compliance and specifics around each of the different measures.

If you would like more information about HEDIS or would like to receive documentation, please reach out to your Provider Relations Representative. We look forward to working with you!

Medicare: Model of Care Training 2020 – Annual Requirement for All D-SNP Providers

This course is offered to meet the CMS regulatory requirements for Model of Care (MOC) Training for our Allwell from PA Health & Wellness DSNP 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.

IMPORTANT: Your **training requirement** will be satisfied once PHW receives your **completed attestation**. Upon completing the online OnDemand training, you will receive a **follow-up survey by email** which contains an electronic attestation *OR* you may complete your **attestation by PDF**, and submit to our Provider Training Inbox: ProviderTraining@PAHealthWellness.com (you do not need to complete both).

Attestation Required: Please remember to include all tax identification numbers (TINs) that you are representing when completing the attestation form.

Contact Us! If you have any questions regarding this training, please contact our Provider Training team at: providertraining@pahealthwellness.com.

Thank you for your continued partnership.



Preventing and Treating **Bronchitis**

*Cough keeping you up at night? Soreness in your chest and feeling fatigued? You could have acute bronchitis, **but be aware: an antibiotic will not help you get better.***

What is Acute Bronchitis?

Bronchitis occurs when the airways of the lungs swell and produce mucus. That's what makes you cough.

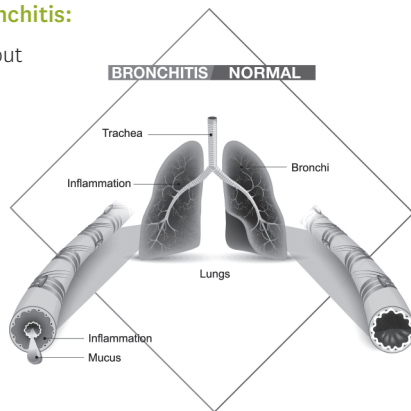
Acute bronchitis, often called a “chest cold,” is the most common type of bronchitis. The symptoms last less than 3 weeks. If you're a healthy person without underlying heart or lung problems or a weakened immune system, this information is for you.

Symptoms of Acute Bronchitis:

- Coughing with or without mucus production

You may also experience:

- Soreness in the chest
- Fatigue (feeling tired)
- Mild headache
- Mild body aches
- Watery eyes
- Sore throat



Causes

- Acute bronchitis is usually caused by a virus and often occurs after an upper respiratory infection.
- Bacteria can sometimes cause acute bronchitis, but even in these cases antibiotics are NOT recommended and will not help you get better.

When to Seek Medical Care

See a healthcare professional if you or your child have any of the following:

- Temperature higher than 100.4 °F
- Cough with bloody mucus
- Shortness of breath or trouble breathing
- Symptoms that last more than 3 weeks
- Repeated episodes of bronchitis



Recommended Treatment

Good news! Acute bronchitis almost always gets better on its own—without antibiotics. Using antibiotics when they aren't needed can do more harm than good. Unintended consequences of antibiotics include side effects, like rash and diarrhea, as well as more serious consequences, such as an increased risk for an antibiotic-resistant infection or *Clostridium difficile* infection, a sometimes deadly diarrhea.



To Feel Better:

- Get plenty of rest
- Drink plenty of fluids
- Use a clean humidifier or cool mist vaporizer
- Breathe in steam from a bowl of hot water or shower
- Use lozenges (*do not give lozenges to children younger than 4 years of age*)
- Ask your healthcare professional or pharmacist about over-the-counter medicines that can help you feel better

Remember, always use over-the-counter medicines as directed. **Do not use cough and cold medicines in children younger than 4 years of age unless specifically told to do so by a healthcare professional.** Your healthcare professional will most likely prescribe antibiotics for a diagnosis of whooping cough (pertussis) or pneumonia.



Prevention

- Practice good hand hygiene
- Make sure you and your child are up-to-date with all recommended vaccines
- Don't smoke and avoid secondhand smoke, chemicals, dust, or air pollution
- Always cover your mouth and nose when coughing or sneezing
- Keep your distance from others when you are sick, if possible



And Remember:

Antibiotics will not treat acute bronchitis. Using antibiotics when not needed could do more harm than good.

Source: <https://www.cdc.gov/antibiotic-use/community/downloads/Preventing-Treating-Bronchitis-p.pdf>



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.

After-hours requirements

Participants need to know who to contact after business hours. Providers are required to offer arrangements for access to a covering physician after business hours, or they must have an answering voice, triage services or voice message that explains to participants how to access urgent and emergency care. This helps ensure our participants get the best possible healthcare.

The requirements below ensure that our participants have adequate access to needed healthcare services and can access their providers after normal business hours and on weekends.

Offices using an answering machine must:

- Provide a message directing participants to call 911 or go to the nearest emergency room if they think it is too urgent to wait for a doctor to call back.
- Provide instructions on how to contact the doctor if the situation is urgent.

Offices using an answering service must:

- Direct participants to call 911 or go to the nearest emergency room if they think it is too urgent to wait for a doctor to call back.
- Provide an option to contact the provider on call with the participant's contact information. When possible, the provider must return the call within 30 minutes.



Who should get a **flu shot**?

According to the Centers for Disease Control and Prevention (CDC), almost everyone ages 6 months and older should get a flu vaccine. However, participants with severe, life-threatening allergies to ingredients in the vaccine - such as certain antibiotics and gelatin - and participants under 6 months of age cannot get a flu shot. Providers should also discuss risks with participants who have egg allergies, are sick, have weakened immune systems or have Guillain-Barré syndrome.

If there is a shortage of flu shots, the CDC recommends that providers prioritize getting the vaccine to people in the following groups:

- People ages 50 and older
- People with chronic pulmonary or cardiovascular disorders
- People who are immunosuppressed
- Women who will be pregnant during flu season
- Residents of nursing homes and chronic care facilities
- American Indians and Native Alaskans
- People with a BMI greater than 40
- Healthcare personnel

Go to the [CDC website](#) to learn more about flu shot guidelines. For Medicaid participants, [HEDIS measures evaluate how many adults ages 18 to 64 receive the flu vaccine.](#)