



Fight Against the Flu:

Encourage Vaccination for All Your Patients

Flu season is right around the corner, and it's time for everyone to get up to date on vaccinations. With your patient's trust and their best interest at heart, it's up to you to recommend they get their flu vaccine.

What to Do Before Talking With Your Patients

- Create standing orders when you can so that others can vaccinate patients without your direct order.
- Add reminders and follow-ups in patients' EHR/EMR — both for yourself to remember and to send reminders to your patients.

What to Do When Talking With Your Patients

- Make your recommendation an announcement. A strong, declarative statement that their vaccination is due decreases vaccine hesitation in your patients.
- Use the [SHARE method](#) to guide the conversation:
 - **SHARE** why patients should get their flu vaccine based on their age, lifestyle, and other risk factors.
 - **HIGHLIGHT** the positives from your personal experience or from appropriate cases from your practice to reinforce the vaccine's benefits and strengthen their confidence.
 - **ADDRESS** any questions your patients may have about the vaccine. This may include concerns about side effects, effectiveness, and safety. Recognize that while people who've been vaccinated may still get sick, the illness is likely to be less severe.
 - **REMIND** patients that the flu vaccine protects them and their loved ones from serious illness and side effects that can lead to greater health risks.
 - **EXPLAIN** the costs that come with getting sick. Besides the potential health effects, you lose time at work and with family, deal with financial costs, and risk spreading the flu to others.

- Follow up! If your patient didn't get their vaccine at their last visit, check to see if they have since then. Discuss where and when they're getting their flu vaccine. Confirm it with them during their next visit.
- Repeat your strong recommendation. Address any questions with facts complemented by compassion.
- Think of a time or event that happens in every appointment where you can check in with your patients about their vaccine status.

There's always time! Administering the flu vaccine is fast and easy.

Flu Prevention is a Win-Win

There are many advantages to promoting flu prevention:

- **Healthier patients.**
- **Decreased severity of illness for those who do get sick.**
- **Reduced community spread.**
- **More satisfied patients to help you achieve your practice's quality goals.** Remember, you are essential in stopping the flu! **Strongly recommend the flu vaccine to all of your patients!**

QUESTIONS?

PA Health & Wellness is here to support you and your practice. If you have any questions about flu prevention, patient education tools, or incentives, call us at **1-844-626-6813 (TTY: 711)**.

Source: "Make a Strong Influenza Vaccine Recommendation," CDC <https://www.cdc.gov/flu/professionals/vaccination/flu-vaccine-recommendation.htm>



Wellcare by Allwell is focused on simplifying the healthcare experience for our valued members, so they can focus on what matters to them.

Wellcare by Allwell offers a wide range of Medicare Advantage products which provide coverage beyond Original Medicare. Our plans offer additional benefits such as dental, hearing and vision along with coverage for prescription drugs, over-the-counter products, healthy foods, and much more.*

And, we have exciting news for 2024!



New! Wellcare Spendables™ Card: In 2024, allowances for key benefits are loaded onto a single card to provide members with the flexibility to use these benefits to best fit their needs. Depending on the plan, benefits may include healthy food, over-the-counter (OTC) products, rent assistance, utility assistance, and gas (pay-at-pump), and allowances for out-of-pocket expenses for dental, vision and hearing benefits.



Express Scripts will be the pharmacy benefits manager for 2024, to bring increased value to our members and allow us to be in the best position to provide the highest-level quality at the lowest costs. Preferred retail pharmacy networks will include Walgreens, CVS and select grocers. A robust network is expected with more than 60,000 total pharmacies.

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:

Wellcare by Allwell Provider Services:

- HMO, PPO: 1-855-766-1456 (TTY: 711)
- HMO D-SNP, PPO D-SNP: 1-866-330-9368 (TTY: 711)

www.wellcare.com/allwellpa

**Benefits vary by plan.*



Breast Cancer Prevention

Breast cancer is the second most common cancer in women after skin cancer. The goal of breast cancer screening is to detect breast cancer at an early stage before a person discovers a lump. With early detection breast cancer is more easily treated and more likely to be cured (NIH, 2023).

Two of the most common methods use to detect breast cancer are breast exams and mammograms. Types of breast exams include a clinical breast exam where a doctor or healthcare professional exams the breasts and under the arms for anything which may seem unusual. A self-breast exam is done by women using a step-by-step approach for anything which may be abnormal. It is important to notify your physician if you notice any changes, such as:

- Lump, hard knot or thickening inside the breast or underarm area.
- Swelling, warmth, redness or darkening of the breast.
- Change in the size or shape of the breast.
- Dimpling or puckering of the skin.
- Itchy, scaly sore or rash on the nipple.
- Pulling in of the nipple or other parts of the breast.
- Nipple discharge that starts suddenly.
- New pain in one spot that does not go away.

Mammograms are X-rays taken of the breast which can detect breast cancer early, possibly before it has spread. Mammograms can be ordered by a physician as a 'screening image' or a 'diagnostic image.' A screening mammogram usually involves two or more X-ray pictures, or images of each breast. These images can help to detect tumors, which cannot be felt, and identify tiny calcium deposits within the breast that sometimes can indicate the presence of breast cancer. Diagnostic mammograms can be used to check for breast cancer after a lump or other signs of breast cancer, including:

- Breast pain.
- Thickening of the skin of the breast.
- Discharge from the nipple.
- A change in the size or shape of the breast.

Besides screening and diagnostic mammograms a physician may order a Digital Mammography, a 2-dimensional Mammography (S2D), a Digital Breast Tomosynthesis (DBT) which is often called a 3-D Mammography, or a Nuclear Magnetic Resonance Imaging (NMRI). The NMRI may be used to screen who have a high risk of breast cancer, to detect breast cancer, or any other abnormal changes in the breast.

The primary benefits of breast cancer screening are early detection can help to reduce deaths from breast cancer and if breast cancer is detected treatment can be started earlier.

Once a mammogram is completed it is important to understand the results and what possible next steps might be when speaking with your physician or healthcare professional. Breast cancer reports use a standardized system, known as the Breast Imaging Reporting and Data System, or BI-RADS, to report the results of mammograms, ultrasounds, and MRIs:

Breast Imaging Reporting and Data System (BI-RADS®)		
Category	Finding (Assessment)	Recommended Next Steps
0	Need additional imaging evaluation	Additional imaging needed before a category can be assigned.
1	Negative	Continue regular screening mammograms
2	Benign (not cancer)	Continue regular screening mammograms
3	Benign	Receive a 6-month follow-up mammogram
4	Suspicious abnormality	May require biopsy
5	Highly suggestive of malignancy (cancer)	Requires biopsy
6	Known biopsy-proven malignancy (cancer)	Biopsy confirms presence of cancer before treatment begins.

<https://www.cancer.gov/types/breast/mammograms-fact-sheet>

Always keep in mind If you have any questions about your mammogram results do not hesitate to call your physician or health professional.

Breast cancer prevention is taking action to lower the chance of developing cancer using what is known as protective factors, which include:

- Reproductive history resulting in less exposure to estrogen.
- Taking selective estrogen receptor modulators or aromatase inhibitors and inactivators
 - Selective estrogen receptor modulators
 - Aromatase inhibitors and inactivators
- Risk-reducing or prophylactic mastectomy
- Ovarian ablation
- Getting enough exercise

Awareness of risk factors is also beneficial in helping to prevent breast cancer, including:

- Older age
- A personal history of breast cancer or benign (noncancer) breast disease
- Inherited risk of breast cancer
- Dense breast tissue
- Reproductive history resulting in greater exposure to estrogen
- Taking hormone therapy for symptoms of menopause
- Radiation therapy to the breast or chest
- Obesity
- Drinking alcohol

The Centers for Disease Control and Prevention (CDC) provides breast and cervical cancer screenings and diagnostic services through their National Breast and Cervical Cancer Early Detection Program (NBCCEDP) for women who have low incomes, are uninsured or underinsured. In Pennsylvania to find out if you qualify for a free or low-cost mammogram and where to get screened, call:

- 800-848-3367 in Philadelphia, Chester, Delaware, Montgomery & Buck County
- All others call 800-215-7494

To find other programs you can visit the Centers for Disease Control (CDC) website:

<https://www.cancer.gov/types/breast/mammograms-fact-sheet>

Finding reliable health information can be a challenge on the internet. For additional information, the following breast cancer organizations may be helpful:

- National Cancer Institute: 1-800-4-CANCER. (<https://www.cancer.gov/types/breast/patient/breast-screening-pdq>)
- National Library of Medicine (<https://medlineplus.gov/mammography.html>)
- Breast Screen Australia (www.health.gov.au/initiatives-and-programs/breastscreen-australia-program)
- Susan G. Komen:
 - Breast Care Helpline: 1-877-465-6636 (1-877 Go-Kormen)
 - Email: helpline@komen.org

As with many things in life, including breast cancer, we all need to be cautious and take precautions. And words written by Benjamin Franklin so many years ago still hold true “An ounce of prevention is worth a pound of cure.”

Be SMART With Asthma

Have you heard of SMART Therapy?

SMART Therapy stands for Single Maintenance and Reliever Therapy and is currently recommended in patients 4 years of age and older with moderate to severe asthma. This type of asthma treatment involves the use of one inhaler that includes an inhaled corticosteroid (ICS) and a long-acting beta agonist (LABA), specifically formoterol, for both maintenance and reliever therapy.

ICS-LABA (formoterol) Combinations on the Market	Notes
Symbicort [®] ™ (budesonide/formoterol)	Preferred for SMART Therapy; extensively studied
Dulera [®] ™ (mometasone/formoterol)	Not currently studied

According to the Asthma Management Guidelines updated in 2020 by the National Heart, Lung, and Blood Institute (NHLBI), patients on daily ICS-LABA treatment plus as needed short-acting beta agonist (SABA) that are uncontrolled may benefit from SMART therapy. Evidence supports switching to SMART Therapy at the same or lower maintenance ICS-LABA dose before considering a step up in maintenance treatment. If patients are well controlled on the ICS-LABA plus SABA treatment, SMART Therapy may offer less added benefit; thus, the regimen should be maintained. Additionally, the Global Initiative for Asthma (GINA) guidelines were updated in December 2022 to include the use of SMART Therapy in moderate to severe asthma management.

Clinical Trial	Drugs Studied	Test Population	Results	Key Takeaways
SYGMA (Symbicort Given as Needed in Mild Asthma)	SYGMA 1 BID placebo plus PRN terbutaline 0.4mg (delivered dose) OR BID placebo plus PRN budesonide/formoterol 160mcg/4.5mcg (delivered dose) OR BID budesonide 200mcg plus PRN terbutaline 0.4mg (delivered dose) SYGMA 2 BID placebo plus PRN budesonide/formoterol 160mcg/4.5mcg (delivered dose) OR BID budesonide 200mcg	Adult patients with mild asthma and patients with moderate to severe asthma	<ul style="list-style-type: none"> • RN budesonide/formoterol was associated with significantly lower severe exacerbation rate (26% reduction) compared to budesonide maintenance in patients previously receiving only PRN SABA in both SYGMA 1 and 2 • SYGMA 1- PRN budesonide/formoterol was associated with a large 66% reduction in severe exacerbation rate and an increase in time to first severe exacerbation vs PRN SABA 	Adults may be better protected by switching to PRN ICS/formoterol vs PRN SABA
Novel START (Novel Symbicort Turbuhaler Asthma Reliever Therapy)	lbuterol 100mcg two puffs PRN OR budesonide 200mcg BID plus PRN albuterol OR budesonide/formoterol 160mcg/4.5mcg one puff PRN (delivered dose)	Adult patients with mild asthma	<ul style="list-style-type: none"> • RN budesonide/formoterol was associated with significantly lower severe exacerbat 	ICS/formoterol was superior to albuterol when used as needed for asthma exacerbations
MANDALA	albuterol 180mcg/budesonide 160mcg OR albuterol 180mcg/budesonide 80mcg OR albuterol 180mcg alone	Children age 4-11 Adolescents Adults	<ul style="list-style-type: none"> • lbuterol 180mg/budesonide 160mcg reduced risk of asthma attack overall by 27%, reduced risk of asthma attack annually by 24%, reduced use of oral corticosteroids by 33% • albuterol 180mcg/budesonide 80mcg reduced risk of asthma attack overall by 17% 	The future of SMART Therapy may include combination ICS/SABA

Based on the current evidence and continued studies, the decrease in medication burden and reduction in medication costs for patients with asthma by utilizing SMART Therapy is clinically significant. Here are some important points for all clinicians to keep in mind:

1. Traditional asthma management uses different medications for maintenance and reliever therapy whereas SMART Therapy uses the same medication for BOTH!
2. SMART Therapy may reduce the risk of confusion on which inhaler to use for maintenance or reliever for many patients, especially children.
3. SMART Therapy is part of the National Asthma Education and Prevention Program (NAEPP) and is detailed in the 2020 NHLBI and 2022 GINA guidelines.
4. SMART Therapy is not currently FDA approved for mild asthma.
5. In relation to the Asthma Medication Ratio (AMR) HEDIS measure, low dose ICS/LABA (formoterol) combinations are considered 'Asthma Controller Medications' and, when filled, lead to a higher percentage of 'Asthma Controller Medications' over 'Total Asthma Medications'. This results in a higher AMR compliance rate; thus, the use of only one inhaler for those with moderate to severe asthma may enhance patient compliance while potentially decreasing exacerbations and lowering costs simultaneously.



Benefit Limit Exceptions for Dental Services. How to support your request ?**

Providers; We have seen a large issue with the benefit limit exception BLE form. What is this form? What qualifies for a Benefit Limit Exception? Your treating dentist can request a "benefit limit exception". A letter from your primary care doctor or specialist is necessary for a dental benefit limit exception request. The exception will be granted if, without the additional dental service:

- your life would be in danger, or
- your health would get much worse, or
- you would need more expensive services.

How do you apply for a Benefit Limit Exception (BLE)? Only your treating dentist can request a BLE. How the request is made depends on whether you are covered by the ACCESS card or a managed care plan. In either case, if the request is denied, you and your dentist will get a written notice. Either you or your dentist can appeal the decision. If you are covered by the ACCESS card, your dentist must send a completed Benefit Limit Exception Request Form (form MA 549) to:

Office of Medical Assistance Programs
Bureau of Fee-for-Service Programs
Dental Benefit Exception Review
P.O. Box 8187 Harrisburg, PA 17015

The exception request form will require:

- Your dentist's name and phone number
- Your name, address, and Member ID number
- The necessary dental service
- The reason for the exception, with documentation supporting the need (including a letter from your primary care doctor or specialist) If you are covered by a HealthChoices managed care plan, your dentist should contact your plan to find out how to submit BLE requests. For More Information: Pennsylvania Health Law Project: Call 1-800-274-3258 (Helpline) or email staff@phlp.org

We have a large denial rate due to this form being missing or improperly filled out. ***This accounts for over 25 percent of all denials statewide.*** We need to correct this in order for our members to receive their benefit.

Dr. Williams Dempsey,
Dental Director.

HEDIS is coming! Get Credit for the Care you provide!

While HEDIS is committed to increasing the capture of HEDIS performance measure data through digital and electronic means, some measures



require abstraction from the medical records to report accurate rates.

The annual HEDIS medical record project will kick off with medical record requests in February and through April.

Timelines are short and prompt medical record return is essential to fulfill contractual obligations and regulatory requirements.

Record requests may come from PA Health and Wellness (PHW) or our authorized business associate, Change HealthCare.

Please share this information with all involved staff within your practice to ensure a smooth process and accurate reflection of the care and outcomes measured by your practice.

- Keep PHW updated with MR contacts, fax #s and special handling requirements
- It's not too late to grant remote EMR access for the upcoming season
- If you contract with a copy service like CIOX or MRO, ensure PHW is listed on your no charge list
- Respond immediately if you have no records for the patients listed to avoid follow-up calls/faxes
- Follow directions on the fax to provide the information needed.
- Respond by the deadline, typically within 7 days

Your Provider Agreement with PA Health & Wellness requires the release of medical records for state and regulatory activities at no cost to PA Health & Wellness and its members.



Provider Updates

- [CNC Medicare PA List Changes, October 1, 2023 \(PDF\)](#)
- [HEDIS Blood Pressure Cuffs Reminder \(PDF\)](#)
- [Quick Reference Guide HEDIS® MY 2023 \(PDF\)](#)
- [Optum CPI AMISYS Phase 4 Effective October 1, 2023 \(PDF\)](#)
- [View our Provider Satisfaction Survey Save the Date \(PDF\)](#)
- [Habilitation Auth Process Provider Notification, August 1, 2023 \(PDF\)](#)
- [72 Hour Rule Amisys and Xcelys, July 12, 2023 \(PDF\)](#)
- [Optum ER Surgical Services without Modifier 54, July 11, 2023 \(PDF\)](#)
- [Effective July 1, 2023: HHAExchange Support Update Announcement \(PDF\)](#)
- [Effective August 14, 2023: PHW EVV Implementation for Home Health Care Services \(HHCS\), Posted June 23, 2023 \(PDF\)](#)

Please visit

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



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)

- [Wellcare by Allwell Model of Care 2023 \(PDF\)](#)
- [Required Model of Care Attestation](#)

Please visit

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



Appointment Availability Standards and After Hours Compliance

Are your patients able to obtain the 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 quarterly 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>

24 Hour Access

PA Health & Wellness **PCPs** and **Specialty Physicians** are required to maintain sufficient access to facilities and personnel to provide covered physician services and **shall ensure that such services are accessible to Participants as needed 24 hours a day, 365 days a year as follows:**

- A Provider's office phone must be answered during normal business hours
- During after-hours, a Provider must have arrangements for one of the following:
 - Access to a covering physician
 - An answering service
 - Triage service
 - A voice message that provides a second phone number that is answered
 - Any recorded message must be provided in English and Spanish, if the Provider's practice includes a high population of Spanish speaking Participants
- The selected method of 24-hour coverage chosen by the Participant must connect the caller to someone who can render a clinical decision or reach the PCP or Specialist for a clinical decision.
- Whenever possible, the PCP, Specialty Physician, or covering medical professional must return the call within 30 minutes of the initial contact.
- After-hours coverage must be accessible using the medical office's daytime telephone number.

Examples of acceptable after-hours coverage include, but are not limited to:

- Answering system with option to page physician
- Provides number to access Physician live or answering service
- Advice nurse with or without access to the PCP or on-call physician
- An answering service at the practice calls the practitioner once a message is left by member
- Please hold or Press # to connect with a Physician Exchange
- Pages Provider once message is left



Examples of unacceptable after-hours coverage include, but are not limited to:

- The Provider's office telephone number is only answered during office hours
- The Provider's office telephone is answered after-hours by a recording that tells patients to leave a message
- The Provider's office telephone is answered after-hours by a recording that directs patients to go to an Emergency Room for any services needed
- A Clinician returning after-hours calls outside 30 minutes

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.

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MEMBER NAME _____ Member Phone _____
 Member DOB _____
 TIN Name _____
 Provider Name and ID: _____

2022 APPOINTMENT AGENDA - Use as a guide during the patient's visit.

Health Condition History / Continuity of Care
 These conditions are based on claims submitted by providers and/or the member's medical history as of 1/7/2022. Please update diagnoses, as these conditions may no longer exist, their severity level may have changed, or they may have been replaced by other conditions.

Suspected Rx/Condition	Type	Source	Diagnosis	Active Diagnosis & Documented	Resolved / Not Present
Diabetes with Chronic Complications	Predictive Gap	ICD-10	E08.21 Diabetes mellitus due to underlying condition with diabetic nephropathy	<input type="checkbox"/>	<input type="checkbox"/>
Disorders of Immunity	Persistence Gap	ICD-10	D61.810 Antineoplastic chemotherapy induced pancytopenia	<input type="checkbox"/>	<input type="checkbox"/>
Metastatic Cancer and Acute Leukemia	Persistence Gap	ICD-10	C77.0 Secondary and unspecified malignant neoplasm of lymph nodes of head, face and neck	<input type="checkbox"/>	<input type="checkbox"/>

Peratalency = DX Code(s) have appeared in prior claims Predictive = Possible condition(s) based on prior claims

Care Guidance
 Address and document the Care Gaps below. Care Gaps are closed by a claim, CPT, CPTII, HCPCS, DX codes or applicable documentation. For additional information, please reference your Care Gap Report.
 No data returned for this view.

For questions on the Appointment Agenda form, please contact your Provider Representative.

All current Diagnoses and Care Gaps for 2022 dates of service must be documented in the patient's chart and submitted on claims.

Provider Signature : _____ Date : _____
 Provider Printed Name : _____ Provider Credentials : MD, DO, PA, NP (circle one)

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@pahealthwellness.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@pahealthwellness.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.



Clinical Documentation Improvement (CDI) Upcoming Webinars

Learn more about: Risk Adjustment Documentation and Coding

Each webinar includes an overview of Risk Adjustment (RA) and Hierarchical Condition Categories (HCCs).

To register, please click on the link next to the webinar you would like to attend.

CMS Model and ICD-10 Updates

- Nov 1 @ 6pm (EST) | <https://centene.zoom.us/meeting/register/tJAlD-uvrDkoHdezHrpJwnq0-orBtFIJR-2M>
- Nov 2 @ 10am (EST) | <https://centene.zoom.us/meeting/register/tJUld-isrzwwEtCXGHH9M3xxtuQLJ0zpY8u3>
- Nov 3 @ 2pm (EST) | <https://centene.zoom.us/meeting/register/tJApceqqrzkrGtNi79yb3FQcDFY3gwkFnsH9>
- Nov 7 @ 12noon (EST) | <https://centene.zoom.us/meeting/register/tJYvce2grzggE9TgezOyoXV0r0j6JFLQ1x1>



Fraud, Waste and Abuse

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

FALSE CLAIMS ACT:

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

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

For more information regarding the False Claims act, please visit: <https://downloads.cms.gov/cmsgov/archived-downloads/smdl/downloads/smd032207att2.pdf>

STARK LAW:

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

For more information regarding the Stark Law, please visit: <https://oig.hhs.gov/compliance/physician-education/fraud-abuse-laws/>

ANTI-KICKBACK STATUTE:

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

For more information regarding the Stark Law, please visit: <https://oig.hhs.gov/compliance/physician-education/fraud-abuse-laws/>



Reporting Fraud, Waste and Abuse

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

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

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

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



Meeting **appointment accessibility** standards

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

2. Marketplace:

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

Medical Necessity Appeal

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

Mail to:

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

Email: PHWComplaintsandGrievances@PAHealthWellness.com

Phone: 844-626-6813 TTY: 711

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



Overpayment Refund Submission

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

Mail to:

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

Provider Newsletter

Fall 2023



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

