

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

Know what season it is?

Bowl season? Yes, time to cheer on your team!

Holiday season? Yes, and we hope you and your family have relaxing and safe holidays.

Winter season? A bit on the nose, isn't it?

Flu season? Unfortunately, yes.

It isn't too late to remind your patients to get their flu vaccine! Flu activity usually peaks between December and February. Help your patient play defense against the dual threat of Covid and Influenza. Remind them that although they may have received a flu vaccine last year, the flu virus changes each year and a new vaccine is needed. The cost of flu vaccines is 100% covered for PA Health & Wellness members. Stay informed about the scoreboard: the CDC has a very informative flu website, which includes the weekly national flu report. <https://www.cdc.gov/flu/weekly/index.htm>

This is also a great time to talk to your patients about the Covid-19 booster shot. The most commonly reported side effects by individuals who received a booster dose of the vaccines were pain, redness and swelling at the injection site, as well as fatigue, headache, muscle or joint pain and chills.

Refer to the playbook and review the latest guidance about COVID-19 at the CDC's website. <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/booster-shot.html>

Remember: the best offense is a good defense!



"The AMA fully supports the overwhelming scientific evidence that shows vaccines and boosters are among the most effective and safest interventions to prevent serious illness, hospitalization and death. As an immunologist, I can tell you that physicians play an important role as vaccine ambassadors for our patients."

- Susan R. Bailey, MD, AMA
immediate past president during "COVID-19:
What physicians need to know"
Webinar hosted November 18, 2021.

Meet Wellcare, the new face of the Medicare coverage you know and love.



FROM



By
allwell™

www.wellcare.com/allwellPA

As a valued Allwell provider, we want to share some exciting changes to our Medicare plans. We've combined multiple brands under the Wellcare name to offer a better range of plans that provide members with affordable access to doctors, nurses, and specialists. As always, Wellcare is committed to working with you to ensure your patients receive the best care.

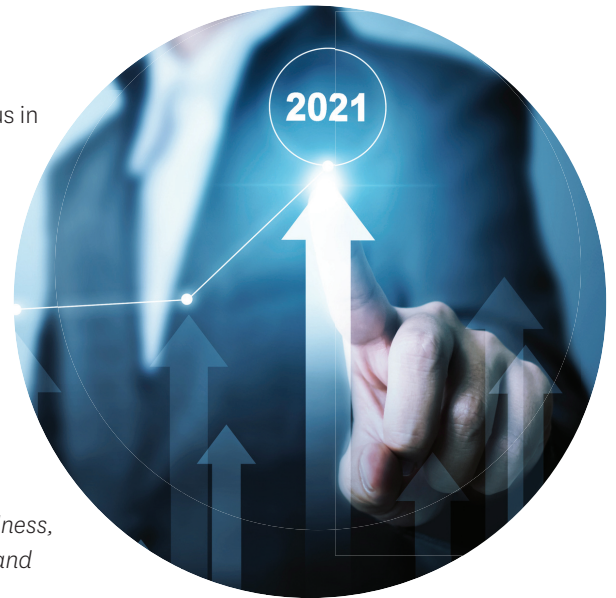
HEDIS Measurement Year 2021

It's hard to believe that we're going to be ringing in the new year soon. For those of us in Quality Improvement, that means one thing: **HEDIS is coming!**

HEDIS medical record requests will start to be sent out by the end of February. You will hear directly from us, or you may hear from Change Healthcare or CIOX. 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. Our medical record collection and audit efforts must be completed by the end of April 2022, so you will receive a follow up call if we do not hear from you or receive the records in question.

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.



EMR Access

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

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

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

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

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

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

We look forward to working with you!



Comprehensive Diabetes Care: Diabetic Retinal Eye Exams

Diabetic retinopathy (DR) is the most common diabetic eye disease and a leading cause of blindness in American adults. Roughly 7.7 million people ages 40 and older have diabetic retinopathy. This number is expected to affect 11 million people by 2030 and 14.5 million by 2050. Sadly, as much as 95% of severe vision loss from diabetic retinopathy is preventable by early detection, timely treatment and appropriate follow up¹.

Offering in-office retinal screening during routine diabetes follow-up appointment improves access and follow-up efficiencies.

What documentation is needed in the medical record for HEDIS and Medicare Stars?

- Retinal or dilated eye exam by an eye care professional (optometrist or ophthalmologist) in 2021
- A negative retinal or dilated eye exam (negative for retinopathy) by an eye care professional in 2020
- Bilateral eye enucleation anytime during the member's history through December 31, 2021
- A note or letter from an ophthalmologist, optometrist, PCP or other healthcare professional indicating that an ophthalmoscopic exam was completed by an eye care professional, which includes the date when the procedure was performed along with the results
- A chart or photograph of retinal abnormalities indicating the date when the fundus photography was performed and evidence that an eye care professional reviewed the results

¹ National Eye Institute, Diabetic Retinopathy Data and Statistics, <https://www.nei.nih.gov>



PHW seeks provider offices to participate in a DRE Camera Pilot!

PHW is looking for PCPs to participate in a pilot program involving placing a lightweight, easy to use retinal/fundus camera in your practice for a trial period. Staff training and access to the teledigital software is included in the trial period at no cost to you. PHW will even partner with you to identify and outreach those members on your panel who are due or overdue for retinal screenings.

For more information, contact your provider relations representative or call **1-844-626-6813**.



Multicultural Health Standards (MHC)/ Health Equity Standards (HEA)

Over this past year, PA Health & Wellness (PHW) has been preparing to achieve the NCQA's Distinction in **Multicultural Health Care (MHC)**. The Distinction identifies organizations—health plans, MCOs, MBHOs, wellness and population health organizations and others—that lead the market in providing culturally and linguistically sensitive services and working to reduce health care disparities.

In 2022, the Distinction in MHC will become **Health Equity Accreditation (HEA)**. HEA incorporates MHC's existing standards and raises the bar to a higher degree of equity. The benefit of achieving this accreditation is to:

- Improve service and quality through targeted disparity projects,

- Reduce avoidable medical cost by reducing health disparities that drive up cost for specific population groups, and
- Reinforce PHW's commitment to diversity and equity. Providers play a key role in PHW achieving the HEA by ensuring that our provider network is capable of serving our diverse membership and is responsive to our members needs and preferences.

During the next year PHW will educate providers on how to access language services, education relating to communicating with members from culturally diverse backgrounds and addressing members requests to find a provider with a similar cultural background.



Colorectal Cancer Screening Opportunities

The impact of COVID-19 saw colorectal cancer screenings decrease by 86% in 2020 (1). Fortunately, the downward trend in preventive screenings has rebounded yet screening services remain below average (2). Some members may remain hesitant to schedule outpatient testing, including colonoscopies, as the pandemic lingers. By ordering and encouraging completion of an at-home stool-based screening kit, you can be compliant with this measure as you monitor your patient's health status.

Colorectal Cancer Screening (COL) is a HEDIS® measure for members ages 50 – 75 and a Medicare STAR measure. This measure looks for one or more screenings for colorectal cancer in the specified time frame. Any of the following meet criteria:

- Fecal Occult Blood Test (FOBT) during the measurement year (annually); two different types:
 - Guaiac Based Fecal Occult Blood Test (gFOBT)
 - Fecal Immunochemical Test (FIT or iFOBT)
- FIT-DNA test (Cologuard®) during the measurement year or the two (2) years prior to the measurement year
- Flexible sigmoidoscopy during the measurement year or the four (4) years prior to the measurement year
- CT colonography (virtual colonoscopy) during the measurement year or the four (4) years prior to the measurement year.
- Colonoscopy during the measurement year or the nine (9) years prior to the measurement year

Please note that Digital Rectal Exams (DRE) or Fecal Occult Blood Tests (FOBT) performed in an office setting or performed on a sample collected by means of a DRE are not compliant for this measure.

To ensure compliancy, the medical record should include:

- Type of screening and date completed, minimally the year completed
- A copy of the lab or pathology report, when available
- Notation of personal history of total colectomy, where applicable
- Notation of personal history of colorectal cancer, where applicable

We encourage you to reach out to your patients to raise awareness of the variety of colorectal cancer screenings available to them. Your PHW Provider Relations representative can provide you with details on how PHW can work with the member to provide a FIT-KIT. Likewise, we can assist the member in scheduling a colonoscopy or other outpatient screenings. As we work with you to ensure that members are up to date with their colorectal cancer screenings, a better opportunity is afforded to detect colon cancer early and improve patient outcomes.

(1) <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7436906/>

(2) <https://healthcostinstitute.org/hcci-research/the-impact-of-covid-19-on-the-use-of-preventive-health-care>

Monitoring Blood Pressure: OTC Allowances for Wellcare Members



Tip: If you have a patient with a diagnosis of Hypertension, but no recent Blood Pressure reading, please consider outreaching to your patient to get a documented reading.



PA Health & Wellness offers digital Blood Pressure cuffs as a benefit to our Medicare participants!

Beginning this year, Wellcare from Allwell began offering automatic blood pressure monitors through our over-the-counter catalog for members. We encourage you to discuss with your patients the option of obtaining and utilizing a BP cuff for their at-home use.

In a related note, the NCQA modified the HEDIS specifications to allow for more telehealth related services to count towards compliance. Telehealth allowances will remain in place for upcoming HEDIS years. This means that a blood pressure taken by the member with a **digital device** during a telephone visit, e-visit, or virtual check-in would count as compliant for the CBP (Controlling Blood Pressure) measure. Documentation must reflect the reading along with the date of the visit, and a note that the visit was telehealth.

How members can obtain an Automatic Blood Pressure Monitor through our OTC catalog:

- Select a blood pressure monitor within their quarterly OTC benefit allowance. (Please note: OTC allowances vary for each Wellcare from Allwell plan. Not all members have a minimum \$40 allowance required to receive an automatic BP Monitor):

Code	SKU	Product	Amount	Price
H71	708884	BP Monitor Upper Arm Auto 8.7"x6.5"	1 CT	\$40
H74	800231	Advanced Auto Blood Pressure Monitor	1 CT	\$52
H75	800230	Premium Blood Pressure Monitor Upper Arm	1 CT	\$70
H76	800229	Touchpad Blood Pressure Monitor Upper Arm	1 CT	\$90

- To place your order online, go to <https://www.cvs.com/otchs/wellcare>. They can also order by phone at 1-866-528-4679 (TTY: 711), Monday to Friday 9:00 a.m. to 8:00 p.m. E.S.T.
- Our full OTC catalog can be found at <https://wellcare.pahealthwellness.com/content/dam/centene/Medicare%20Blueprint%20Documents/2021-OTC-ALLWELL-RETAIL.pdf>

If the member has any questions, please have them contact their Service Coordinator or Wellcare at HMO: 1-855-766-1456; (TTY: 711); HMO SNP: 1-866-330-9368; (TTY: 711).



Tip: Always retake an initial blood pressure if it is >140/90 mmHg; Take and record in the medical record, at least three (3) separate measurements if the BP remains elevated.



Tip: For BP taken and reported by the patient during a telephone visit, e-visit, or virtual check-in, document in the note that the BP was taken from an electronic device. Use of a manual device does not meet criteria.



Tip: Discuss with your patients how frequently you'd like them to check their BP, what time of the day you'd like them to check it, and how you'd like them to track the BPs – whether on a paper log, a patient portal, a smartphone app, or somewhere else.

PA Health & Wellness Value Based Program

Program Summary

- Open to Homecare Agencies
- Assist with closing care gap measures identified by the plan
- Provide a financial incentive for each care gap closed
- Top tiered performers will be prioritized to receive referrals from health plan

Benefits to Homecare Agency

- Additional revenue
- Growth potential
- Healthier participants

For further information, please contact:

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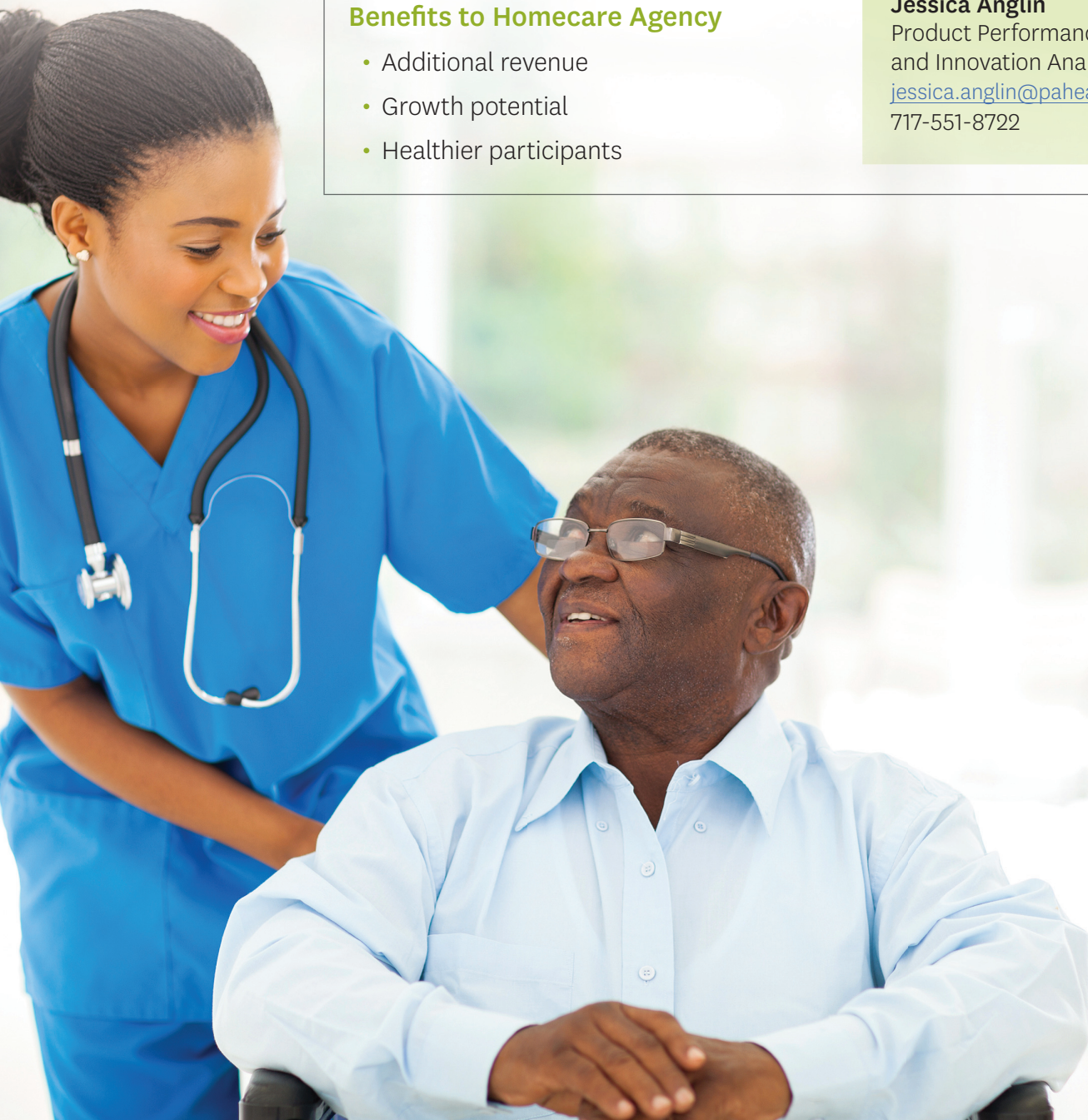
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LTSS at a Glance

Many Pennsylvanians need long term care due to chronic illnesses, disabling conditions, or other complex issues.

Long Term Service and Supports (LTSS) can assist these vulnerable individuals. LTSS are available to eligible participants with Medicaid or dual Medicare-Medicaid. These services assist individuals whether they are living in the community or in a nursing facility.



How does LTSS work?

A participant with PA Health & Wellness (PHW) Community HealthChoices is contacted by a PHW Service Coordinator for a discussion of the participant's health status and care needs. An assessment is made of the participant's physical, behavioral, cognitive, social, and functional needs.



How does LTSS affect my practice?

In collaboration with the participant, the Service Coordinator documents a service plan which includes the participant's specific needs, barriers to care and the participant's preferences for care. The service plan also provides a list of services and supports appropriate to meet the participant's identified needs. A copy of this person-centered service plan is furnished to the participant's Primary Care Provider. By sharing with you the service plan, we are assisting the participant while contributing to you a tool that can help you glean a broader picture of your patients' comprehensive care needs.



Is LTSS monitored?

To evaluate quality of care, the Commonwealth of Pennsylvania requires an annual LTSS audit. Four measures are evaluated for LTSS. Each of the four measures contain core and supplemental elements to better assess the participant's individual needs as well as how to best address those needs.

- 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 Discharge (RAC)

As PHW coordinates care of long-term services and supports, we are grateful for your continued partnership in providing the highest quality of care for our participants, your patients.



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