

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



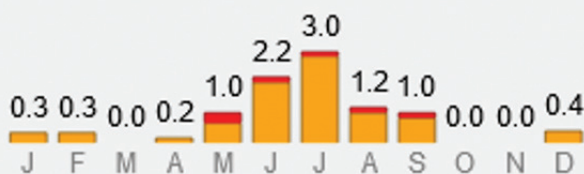
Asthma Management in the Summer



The summer months can be a challenging time for asthmatics. Extreme weather can trigger asthma symptoms, and it's not only cold, dry air, but also hot, humid air that can exacerbate asthma symptoms. Humidity helps allergens such as dust mites or mold thrive. Air pollution, ozone, and pollen also go up when the weather is hot and humid. Hot air can narrow the airways, and particles from humidity further irritate the sensitive asthmatic airway.

Philadelphia, PA

Monthly Average of Unhealthy Days for Asthma or Other Lung Disease



Average Unhealthy Days 2009-2018. Source: EPA Air Quality System.

Asthma is one of the most common chronic diseases globally, and inhaled corticosteroids (ICS) are the cornerstone of maintenance therapy for asthma. Multiple studies have shown that the adherence to ICS is between 22 and 63%¹. Here are some tips to help your patients use their inhalers correctly:

Tips to encourage patients to use their inhalers as prescribed:

- Identify non-adherence.
- Talk about the short and long-term health benefits.
- Implement an alternative treatment method that is better adapted to the patient's lifestyle. (Consider once-daily dosing, or consolidating the number of inhalers)
- Consider utilizing an add-on adherence monitor for high-risk patients.
- Ensure the patient has access to the medication and knows how to use it.
- Educate the patient on the difference between the as needed medication and the maintenance medication.

Additionally, encourage your patients to refer to [AirNow.gov](https://www.airnow.gov) or [www.AccuWeather.com](https://www.accuweather.com) for real time air quality information. This is the perfect time of year to talk to your patients about the importance of using their prescribed medications as directed. Ultimately, the goal is to help patients minimize the use of their rescue inhalers and have better long-term control over their symptoms.

¹Barnes, C. B., & Ulrik, C. S. (2014). Asthma and Adherence to Inhaled Corticosteroids: Current Status and Future Perspectives. *Respiratory Care*, 60(3), 455-468. <https://doi.org/10.4187/respcare.03200>

Colorectal Cancer Screenings

COVID-19 presents a challenge and an opportunity for colorectal cancer screenings.

A reduction in elective procedures due to the pandemic resulted in a significant drop in screening colonoscopies, the mainstay of colorectal screening in the United States. **An estimated 95,000 screenings were missed between January and June 2020.**¹

Why it matters: 5-year survival of localized-stage CRC is 90%. This drops to 71% for regional-stage disease, and 14% with distant-stage disease. Early detection is critical to the outcome for our patients.²

How can we adapt? As vaccination rates increase, and mask mandates and other pandemic mitigation strategies are lifted, rates of colonoscopy screenings may over time rebound to pre-pandemic levels. The rates of stool-based screening, such as FIT or FOBT should increase as well. Stool-based screening is more accessible to the entire population, bypassing many of the barriers to direct visualization screening while maintaining much of the efficacy.

Other considerations: In October of 2020, the United States Preventive Services Task Force drafted a recommendation to start colon cancer screening at age 45 instead of at 50. This new recommendation is consistent with that of the American Cancer Society.



PA Health & Wellness is interested in working with you to ensure that members receive colorectal cancer screenings in a timely manner. We can work with the member to provide a FIT-Kit if they choose to rely on a home screening method. We can also work with members who need assistance with setting appointments for colonoscopies or other outpatient screenings. Please reach out to your Provider Relations representative for more details. Lastly, colorectal cancer screenings are a HEDIS measure. If you have questions about the measure or any other HEDIS measure, please visit our website for measure tip sheets and more information. <https://www.pahealthwellness.com/providers/quality-improvement/hedis.html>

¹Kadakuntla A, Wang T, Medgyesy K, Rrapi E, Litynski J, Adynski G, Tadros M. Colorectal cancer screening in the COVID-19 era. *World J Gastrointest Oncol* 2021; 13(4): 238-251 [PMID: 33889276 DOI: 10.4251/wjgo.v13.i4.238]

²Andrews et al. (2019). Colorectal Cancer: Facts & Figures 2017–2019. [Cancer.Org. https://www.cancer.org/content/dam/cancer-org/research/cancer-facts-and-statistics/colorectal-cancer-facts-and-figures/colorectal-cancer-facts-and-figures-2017-2019.pdf](https://www.cancer.org/content/dam/cancer-org/research/cancer-facts-and-statistics/colorectal-cancer-facts-and-figures/colorectal-cancer-facts-and-figures-2017-2019.pdf)

Outpatient Biopharmacy Forms

PHW has recently implemented new Outpatient Biopharmacy/Buy & Bill forms that providers can use for J-code or medical benefit pharmacy requests. This new form will ensure that PHW clinical reviewers have all the necessary information to complete your Biopharmacy Prior Authorization. Along with this new form, please include any relevant medical records to ensure a timely determination on your Prior Authorization.

[Medicaid CHC Outpatient Biopharmacy Buy and Bill Authorization Form](#)

[Allwell Outpatient Biopharmacy Buy and Bill Authorization Form](#)

[Ambetter Outpatient Biopharmacy Buy and Bill Authorization Form](#)

[Miscellaneous Medications Fax Form](#)

Reporting Missed Visits

Reporting missed visits in HHAeXchange or using your 3rd party integrated EVV software:

- When reporting a missed visit, please remember to fill out all the information thoroughly and with as much detail as possible.
- If the Action Taken Reason “Other – Please provide details” is selected during any Missed Visit reporting, details must be provided in the “New Note” field.
- If the participant Health or Safety was at Risk (yes/no) – the EIM Critical Incident # is required.
- ****IMPORTANT**** If an EIM is filed for a Critical Incident, the missed visit and EIM must be filed within 48 hours of the discovered incident
- PHW strongly recommends that all missed visits are reported the same day and if not the same day, then no later than the day after the missed visit occurred
- Please see the HHAeXchange “Missed and Deleted Visits Job Aid” for more detailed instructions

<https://s3.amazonaws.com/hhaxsupport/SupportDocs/PROE+Docs/Job+Aids/Provider+Job+Aid+-+Missed+and+Deleted+Visits.pdf>

HEDIS Preventive Care Measures

One of the initial concerns when the COVID-19 pandemic was in its early stages was making sure patients exercised caution when making plans and keeping appointments. Preventive health screenings took a back seat and patients pushed off appointments for screenings that they would have otherwise kept.

As restrictions begin to lift in 2021, opportunities for patient discussion and scheduling preventive health screenings are returning to pre-Covid-19 levels. Working together, PA Health & Wellness can work with your teams to improve health outcomes for your patients, while improving your Stars, HEDIS and Pay for Performance scores.

Pharmacotherapy Management of COPD Exacerbation (PCE)

The HEDIS definition of PCE identifies participants 40 years of age and older who had an acute inpatient discharge or ED visit on or between January 1 and November 30 of the measurement year and who have evidence of and active prescription for COPD or were dispensed the appropriate medications:

- A systemic corticosteroid within 14 days of the event. (No longer includes betamethasone.)
- A bronchodilator within 30 days of the event. (No longer includes methylxanthines.)

PCE goals are to assess if the patient was given appropriate medication prescribed at the time of discharge, has filled the prescription and is taking the medications as prescribed. In addition, if the patient was dispensed a systemic corticosteroid within 14 days from date of discharge and a bronchodilator within 30 days from inpatient stay or ED visit. Evidence shows that most patients with COPD who have had a recent inpatient hospitalization or ER visit can benefit from taking both a systemic corticosteroid and a bronchodilator.

How to improve your HEDIS score with Best Practices:

- Discuss with your patients the importance of filling their prescriptions and taking these medications, and how they can prevent further exacerbations of their disease.
- Ask your patients if they are filling their prescriptions and taking their COPD medications as prescribed, and address barriers to taking their medication if patients are not compliant.
- Schedule a follow-up appointment within 7-14 days of discharge
- Consider standing orders for patient discharged from the hospital or ED
- Remind patients to fill their corticosteroid and bronchodilator prescriptions

This measure uses administrative claims information to identify adults age 40 and older who were seen in the ER or hospitalized with COPD as their primary diagnosis. It then checks pharmacy claims to look for evidence of current fills of a systemic corticosteroid and a bronchodilator. You will receive the highest scores if your patient has an active prescription for a systemic corticosteroid within 14 days after discharge and a bronchodilator within 30 days of the event.

Kidney Health Evaluation for Patients with Diabetes (KED)

Kidney Health Evaluation for Patients with Diabetes is a new HEDIS preventative measure for Medicaid. KED includes the percentage of members 18 to 85 years of age with diabetes (type 1 and type 2) who received a kidney health evaluation, defined by an estimated glomerular filtration rate (eGFR) and a uACR identified by both a quantitative urine albumin test and a urine creatinine test with service days four or less days apart during the measurement year.

How to improve your HEDIS score with KED best practices:

- Review diabetes services needed at each office visit and order labs prior to patient appointments.
- Ensure submitted claims or encounters include the appropriate ICD-10 and CPT Category II codes.
- Send reminders to patients with type 1 or type 2 diabetes. Include information about the required testing and a suggestion to set up an appointment.
- Encourage patients to perform and return in-home microalbumin test kits that look for protein in urine. Discuss results they receive.

Comprehensive Diabetes Care: Eye Exam (CDC-EYE)

The Diabetes Eye Exam, a component of the HEDIS Comprehensive Diabetes Care quality measure, is often regarded as one of the most challenging measures to achieve a standard of compliance. Up to 50% of diabetic patients lack documentation of a retinal eye exam¹, creating a substantial amount of administrative time each year chasing charts to close this measure. The main reasons for this care gap are the existing patient workflow, patient compliance and access to transportation.

How to improve your HEDIS score with Diabetic Eye Exams:

- Review diabetes services needed at each office visit.
- Encourage and/or refer patients to see an eye care professional for a comprehensive dilated or retinal eye exam during the current year.
- Document the date of most recent diabetic eye exam with results and name of eye care provider in the medical record.
- Consider using fundus photography to capture an image of the retina with a camera that can be operated by healthcare provider staff after brief training. Results can be interpreted by an eye care professional, at a reading center with a retinal specialist serving as medical director or system with artificial intelligence.

If you have questions about HEDIS measures, please reach out to your Provider Relations representative, who can provide you with additional information, and can put you in touch with someone from our HEDIS Operations team.

¹ Lee DJ, Kumar N, Feuer WJ, et al. Dilated eye examination screening guideline compliance among patients with diabetes without a diabetic retinopathy diagnosis: the role of geographic access. *BMJ Open Diabetes Research and Care* 2014;2:e000031.doi:10.1136/bmjdr-2014-000031



Wrapping Up HEDIS MY2020

On April 30, 2021, PA Health & Wellness completed our efforts to collect medical records for the purpose of HEDIS MY2020 reviews. We will report our final HEDIS rates to the NCQA by June 15, 2021.

The PA Health & Wellness HEDIS Operations team would like to extend our sincere thanks for working with us. We understand that you have many health plans that you work with, and your Medical Records staff handle a large volume of HEDIS related medical record requests between March and April every year.

In 2020, health plans across the country did not receive many medical records back for HEDIS. Prioritizing patients over paperwork during the pandemic was of the utmost importance. In 2021, PA Health & Wellness found that providers were much more responsive.

HEDIS is a unique project. It takes place every year, within the same timeframe. The measures may change but the routine is the same. It is challenging work to copy, scan and return hundreds or thousands of pages of medical records in a matter of weeks. We recognize that your offices may be understaffed and your teams are still adjusting to the new normal.

We are still finalizing the results of our audit, but would like to share some general observations at this time.

- While the return on charts was much more successful in 2021, we are seeing a dip in many preventive care measures rates. This aligns with what is expected across the industry.
- Providers working with our contracted vendors (CIOX, MRO, Episource) to respond to our requests for charts sometimes took weeks to return the charts. This was due to a number of reasons, including a large volume of chart requests from multiple health plans and a shortage of administrative staff.
- Our team was able to gather 85-90% of the charts we requested in a matter of days for providers who granted PA Health & Wellness remote EMR access.

Starting this summer, HEDIS Operations will be monitoring care gap data and will reach out to your offices to obtain charts. This will serve several purposes, including proactively reviewing charts for next year's HEDIS project and abstracting the data

into a proprietary HEDIS supplemental database. The database will serve as an additional data source for HEDIS MY2021. Proactive data capture can help lift some of your administrative burden next spring and improve your care gap closures.

Providers who return HEDIS medical records back in a timely manner are more likely to see better Stars and P4P scores and payouts.

Our partnership with providers to obtain remote EMR access was truly a highlight for this year's project. We directly interacted with the providers, cutting out the need for conversations with third party vendors and significantly cutting back on the time it took to respond.

If you have an EMR, and are able to grant vendor or third party access, we would very much appreciate the chance to collaborate with you. Please reach out to your Provider Relations representative for more information and they can put you in touch with our team to talk about next steps.

Once again, thank you! We appreciate your partnership.



Annual Home and Community-Based Services (HCBS) Provider Training

This is a new 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.** PA Health & Wellness (PHW) would like to invite you to register for a pre-recorded training to complete this requirement.

HCBS Provider Types required to complete this training in 2021 include:

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

Once registered, you will be sent an email with the link to view the training at any time.

This training is approximately 30 minutes long. Register here:

<https://attendeegotowebinar.com/register/8593968014766164752>

This training will cover a variety of information to best serve the PA Health & Wellness CHC Participants, including but not limited to a review of the population being served through CHC, the role of the Service Coordinator, accessibility requirements, Medical Necessity, information around Alzheimer's Disease and related dementias, referral process for mental health and drug, alcohol and substance abuse services, the diverse needs of persons with disabilities, PHW's policies against discrimination, cultural, linguistic and disability competency, treating the populations served by PHW, administrative processes, provider & Quality Management related issues, PHW utilization review and prior authorizations, PHW complaints & grievances process & performance improvement plans.

Medicare: Model of Care Training 2021 – Annual Requirement for All D-SNP Providers

Medicare Model of Care Training 2021 is now available! Register here: <https://attendeegotowebinar.com/register/465145510707589904>.

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 the attestation online at: <https://www.pahealthwellness.com/providers/provider-training/moc-training-attestation.html> (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.



Continuity of Care Bonus Program

(FORMERLY PAY FOR PERFORMANCE)

Quality Addendum

Program Starts Jan. 2021

For Dates of Service Jan. 1, 2021 - Dec. 31, 2021

Allwell from PA Health & Wellness understands that the provider-member relationship is a key component in ensuring superior healthcare and the satisfaction of our members. Because Allwell from PA Health & Wellness recognizes these important partnerships, we are pleased to offer the 2021 Continuity of Care (CoC) Quality Bonus Program, which rewards PCPs for improving quality and closing gaps in care.

New in 2021, the CoC program includes an incentive enhancement to better align payment with quality. Providers can now earn incentives at multiple levels based upon Medicare Star Rating achievement for each measure. We believe that our new incentive structure will better support you and your healthcare team in caring for our members.

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

Program Measures	Base	3-STAR	4-STAR	5-STAR
Bone Mineral Density Testing	\$10	\$20	\$30	\$40
Care of Older Adult - Medication List and Review*	\$5	\$10	\$20	\$30
Care of Older Adult - Pain Screening*	\$5	\$10	\$20	\$30
Colorectal Cancer Screen	\$10	\$20	\$30	\$40
Diabetes - Dilated Eye Exam	\$10	\$20	\$30	\$40
Diabetes HbA1c ≤ 9	\$10	\$25	\$40	\$55
Diabetes Monitor Nephropathy	\$5	\$10	\$20	\$30
Hypertension	\$5	\$10	\$20	\$30
Mammogram	\$10	\$20	\$30	\$40
Medication Adherence – Blood Pressure Medications	\$10	\$25	\$40	\$55
Medication Adherence – Diabetes Medications	\$10	\$25	\$40	\$55
Medication Adherence – Statins	\$10	\$25	\$40	\$55
Medication Reconciliation Post-discharge	\$10	\$20	\$30	\$40
Statin Therapy for Patients with Cardiovascular Disease	\$10	\$20	\$30	\$40
Statin Use in Persons With Diabetes	\$10	\$20	\$30	\$40

**Dual Eligible Special Needs Plan (DSNP) members only*



Quality Bonus Instructions

1. The measurement period is Jan. 1, 2021 to Dec. 31, 2021. Allwell from PA Health & Wellness must receive all claims/encounters by Jan. 31, 2022.
2. Schedule and conduct an exam with the eligible member using HEDIS® reports as guides to close care gaps and update diagnoses. Note: Additional Star measures may become applicable to eligible members as claims and data are received throughout 2021.
3. Provide appropriate medications to your members and encourage them to fill their prescriptions; consider 90-day supplies for members stable on therapy.
4. Upon completion of the examination, document care and diagnosis in the patient's medical record and **submit the claim/encounter** containing all relevant ICD-10, CPT and/or CPT II codes by Jan. 31, 2022.

Payment Timeline

Payments will begin after processing claims/encounters for the first quarter of 2021. Payments will continue through 2022.

Additional Conditions

Only one Quality Bonus Payment will be made for a specific HEDIS and Medication Adherence member-measure combination.

Definitions

Eligible Member is a member who meets the age, sex, and/or disease-specific criteria, and the enrollment and other technical criteria, set forth in the *HEDIS Technical Specifications or the most recent CMS Medicare Part C&D Star Rating Technical Notes* document for the Program Measures.

CoC Provider means a primary care physician (PCP), vendor or independent practice association (IPA) who has a contract with Allwell from PA Health & Wellness and receives this Program Information Guide.

HEDIS means Healthcare Effectiveness Data and Information Set. HEDIS is a registered trademark of the National Committee for Quality Assurance (NCQA).

HEDIS Technical Specifications means the *HEDIS 2021, Technical Specifications* as published by the National Committee for Quality Assurance (NCQA) or any applicable successor specifications.

Medication Adherence Measures are the three Medication Adherence Measures published in the most recent CMS Medicare *Part C&D Star Rating Technical Notes* document:

- **Medication Adherence – Diabetes Medications**
- **Medication Adherence – Blood Pressure Medications**
- **Medication Adherence – Statins**

Program Measures are the HEDIS and Medication Adherence Measures that are included in the bonus amounts table. Program Measures are defined according to the HEDIS Technical Specifications or the most recent CMS Medicare Part C&D Star Rating Technical Notes document.

Thank you for being our partner in our members' care.



Important Contact Information

For questions, please contact us at PHWProviderRelations@PAHealthWellness.com

Secure Provider Portal



Manage patient administrative tasks quickly and easily.



Visibility of Multiple TINs

One point of entry allows for quick and easy access to PA Health & Wellness member information for multiple TINs/practices.



Access Daily Patient Lists from One Screen

One concise view allows primary care providers to scan patient lists for PA Health & Wellness member eligibility, care gaps, and much more.



Manage Batch Claims for Free

Submit and manage claims, including batch files, for free. View detailed Electronic Funds Transfer (EFT) payment history.



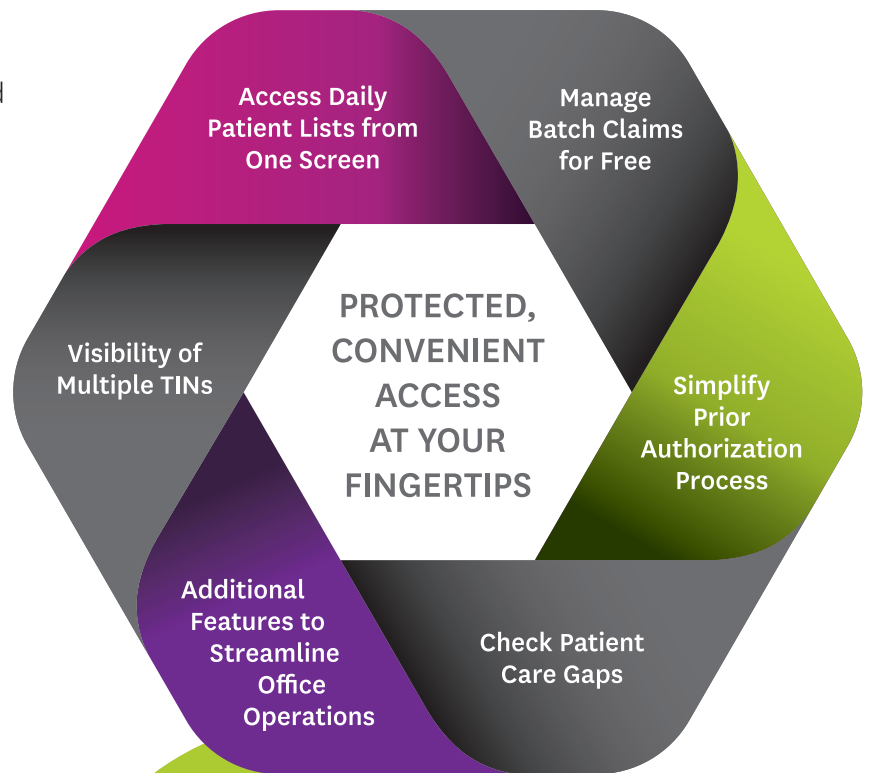
Simplify Prior Authorization Process

“Smart Sheets” feature prompts for required clinical information when submitting prior authorization requests.



Additional Features to Streamline Office Operations:

- View patient demographics & history
- Secure messaging between provider and PA Health & Wellness
- Update provider demographics



Get Started Now!

Visit

provider.pahealthwellness.com

and click Create an Account.
Have your tax ID number ready
during signup.

QUESTIONS?

Contact us at
844-626-6813

or
phwproviderrelations@pahealthwellness.com.

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://centene.az1.qualtrics.com/jfe/form/SV_5gOCnwxVKEHxnc9



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.](#)