

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

## Continuity & Coordination of Care



### CoC is Important!

PHW membership does not require a formal request for authorization from their Primary Care Physician (PCP) to see a Specialist, but the importance of Continuity of Care (CoC) has become increasingly more relevant to optimize patient centered care. There are three key areas: continuity in information, continuity in management and the continuity of the physician-patient relationship. Data Sharing, Health Clouds, shared health system access, and web-based portals are rapidly growing and supporting information sharing.

### **Coordination of PCP with both Specialty Physicians and IP/OP/Urgent Care facilities influences the continuous management of patient risks, needs and goals.**

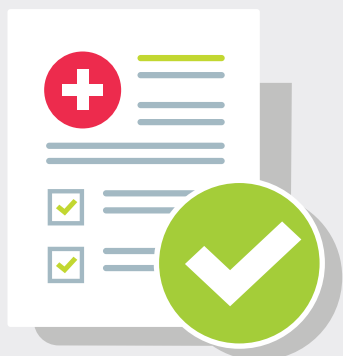
PHW recommends and supports communication related to recommended medication/treatment changes and plan of care with the patient's PCP after an outpatient consult, specialty care, ER/Urgent Care visit or an IP/Skilled Facility transition of Care. Timely information and management sharing and collaboration will increase quality/timeliness of after-care, including medication reconciliation, patient after-care, patient and representative education, and engagement in self-management.

PHW collaborates with our network practitioners and providers to support continuity of care, services in transition of care, and patient-centered coordinated care. PHW Medical Management, including Utilization Management, Service Coordination and Case Management, along with the Pharmacy Team and Medical Directors have an active role in optimizing coordinated care across the many facets of IP and OP care. PHW continues its efforts to optimize availability and sharing of patient data to support you, but is also available to support our providers and their teams through discharge planning, transition of care, interdisciplinary team rounds, and care management for medical/behavioral and LTSS service needs.

Continuity of Care and Transitions of Care remain key metrics and monitors of quality for CMS, NCQA and PA DHS as a key component of readmission risk avoidance, and improved health outcomes, so there are many reasons to support and participate in shared caring and treatment plans, but the most important remains and always will be the patient.

**Call us for information or support in EMR access, data sharing opportunities of best practices in Continuity of Care**

# HEDIS Measurement Year - 2020 Updates



**HEDIS is here!** Medical record review requests have been sent out for Healthcare Effectiveness Data and Information Set (HEDIS), measurement year 2020. We are working with two vendors for medical record collection this year. CIOX and Episource are authorized to collect medical records on behalf of PA Health & Wellness. You may also hear directly from our HEDIS Operations team.

We ask that you return the records to the requestor within 5-7 business days. If you would like to return the charts directly to PA Health & Wellness, our fax number is (844) 340-3600. Please send the faxes to the attention of HEDIS Operations.

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, including HEDIS, at no cost to PA Health & Wellness and its members.

HEDIS Operations is here to help answer any of your questions that you may have during this time. Please send an email to Heather Eilert, Manager of HEDIS Operations at [heather.eilert@pahealthwellness.com](mailto:heather.eilert@pahealthwellness.com) or reach out to your Provider Relations Representative. We appreciate your prompt response to our requests and look forward to a successful HEDIS season!

## EMR Access

PHW understands 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. Email us with interest at [PHWProviderRelations@PAHealthWellness.com](mailto:PHWProviderRelations@PAHealthWellness.com).

We look forward to working with you!

# Lower Back Pain Studies



## Use of Imaging Studies for Lower Back Pain (LBP)

is a HEDIS measure almost entirely driven by provider protocol, as it involves an order for medical imaging. To improve this measure, providers are encouraged to use alternative treatments during the first 28–30 days after a lower back pain diagnosis, as most patients with an initial diagnosis of uncomplicated low back pain see improved symptoms within 30 days. It is important for providers to properly document exclusionary diagnoses, for which imaging is clinically appropriate.

Recent trauma is typically the most overlooked exclusion in this list, but any of the following meet exclusionary criteria:

- Cancer
- Spinal infection
- HIV
- Major organ transplant
- Neurological impairment
- Prolonged corticosteroid use
- IV drug abuse
- Recent trauma

If performing an x-ray, indicate all exclusion ICD-10 codes on the claim.

### BEST PRACTICE SUGGESTIONS

Aside from attention to exclusions and alternative treatment offerings, providers can improve on this measure through the following additional approaches:

- Make it routine
  - Obtain a comprehensive medical history
  - Perform a thorough neurological exam
  - Assess for depression, anxiety, drug seeking behavior, psychosocial stressors, and any other issues that may manifest as lower back pain
  - Document all findings in the patient's medical record
- Provide information
  - Provide clear information, answer patient questions, be empathic, and help to overcome barriers
  - Prescribe medication and/or alternative symptom management and abatement measures as they are appropriate
  - Educate on symptoms to watch for (such as numbness or tingling in legs, pain that reaches leg or bladder, etc.)

For more information about HEDIS, please visit <https://www.ncqa.org/hedis/>


You may also reach out to your Provider Relations Representative at PA Health & Wellness for additional information.

# Controlling High Blood Pressure (HEDIS MY2020)

PA Health & Wellness recognizes that you experienced many barriers in providing preventive care to members in 2020. Nationally, many groups like the American Medical Association are concerned about the short term and long term impacts that patients face as they have put off wellness and chronic care visits. There is particular concern around controlling hypertension and ensuring patients take steps to monitor their own readings in the absence of regular medical visits.

The NCQA recognizes that providers will be using telemedicine more frequently in the foreseeable future. **New for the HEDIS® measure Controlling High Blood Pressure (CBP) in Measurement Year 2020:** a blood pressure taken by the member with a **digital device** during a telephone visit, e-visit, or virtual check-in is acceptable. We ask that you record the reading, along with the date and a note that the reading was captured by the patient via their digital blood pressure cuff in the medical record. HEDIS compliance relies on the accuracy and detail captured in documentation.

To align with this change to the HEDIS measure, starting in 2021, PA Health & Wellness is now offering digital Blood Pressure cuffs as a benefit to our Medicare participants. Members can obtain a



*“There are few diseases that are as amenable to being treated telephonically as hypertension. We need to challenge ourselves to figure out how we can utilize home blood-pressure monitoring.”<sup>1</sup>*

**- Former Surgeon General  
Jerome Adams  
December 2020**

digital cuff (up to a \$60 value) through their OTC benefits at their pharmacy. We encourage you to discuss with your patients the option of obtaining and utilizing a BP cuff for their at-home use.

The American Heart Association has partnered with the AMA on an initiative called Target BP. There are free resources available to you and your patients for the purpose of home monitoring their hypertension. You can find infographics on best practices for self-monitoring blood pressures, and a log book to help the member track their metrics at <https://targetbp.org/covid-19/>.

## Best Practices for Remote Blood Pressure Monitoring

- For BP taken and reported by the patient during a telephone visit, e-visit, or virtual check-in, document in the medical record that the BP was taken by the member, using a digital device. **The patient’s use of a manual device does not meet HEDIS criteria.**
- Always have the patient retake an initial blood pressure if it is >140/90 mmHg. Record in the medical record, at least three (3) separate measurements if the BP remains elevated.
- 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.

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### HEDIS CBP Measure Description:

The CBP measure evaluates the percentage of members 18–85 years of age who had a diagnosis of hypertension and whose blood pressure was adequately controlled (<140/90 mm Hg) during the measurement year. The systolic and diastolic blood pressure must be below 140/90 mm Hg to be considered controlled. This measure applies to members in Medicaid, Medicare and Marketplace.

DESCRIPTION	CODES*
Hypertension	<b>ICD-10:</b> I10
Systolic greater than/equal to 140	<b>CPT-CAT-II:</b> 3077F
Systolic less than 140	<b>CPT-CAT-II:</b> 3074F, 3075F
Diastolic greater than/equal to 90	<b>CPT-CAT-II:</b> 3080F
Diastolic 80-89	<b>CPT-CAT-II:</b> 3079F
Diastolic less than 80	<b>CPT-CAT-II:</b> 3078F
<b>Remote Blood Pressure Monitoring codes</b>	<b>CPT:</b> 93784, 93788, 93790, 99091, 99453, 99454, 99457, 99473, 99474
<b>Telephone Visits</b>	<b>CPT:</b> 98966, 98967, 98968, 99441, 99442, 99443
Outpatient codes	<b>CPT:</b> 99201 - 99205, 99211 - 99215, 99241 - 99245, 99347 - 99350, 99381 - 99387, 99391 - 99397, 99401, 99402, 99403, 99404, 99411, 99412, 99429, 99455, 99456, 99483, 99341-99345 <b>HCPCS:</b> G0402, G0438, G0439, G0463, T1015
Non-acute Inpatient codes	<b>CPT:</b> 99304 - 99310, 99315, 99316, 99318, 99324 - 99328, 99334 - 99337

<sup>1</sup>Adams, Vice Adm. Jerome, et al. "U.S. Surgeon General Talks about the Need to Keep Hypertension under Control." American Medical Association, 3 Dec. 2020, [www.ama-assn.org/delivering-care/hypertension/us-surgeon-general-talks-about-need-keep-hypertension-under-control](http://www.ama-assn.org/delivering-care/hypertension/us-surgeon-general-talks-about-need-keep-hypertension-under-control).

## Medical Director Spotlight: Michelle Karten, MD, MSHQS, FAAP



**Dr. Michelle Karten** (pictured in the photo, far right) is excited to be the newest medical director at PHW. She joins PHW with over 18 years of clinical experience as a pediatrician, working in a variety of clinical settings.

Dr. Karten spent the first ten years of her career working in the ER and UC settings at The Children’s Hospital of Philadelphia, and she has spent the last eight years as a general pediatrician and Physician in Charge at Nemours duPont Pediatrics in Villanova, PA. She also served as the medical director of Population Health Management at Nemours, leading projects that focused on HEDIS metrics, children with medical complexity, and COVID-related telehealth visits.

Although she has enjoyed clinical practice, Dr. Karten received a Master of Science in Healthcare Quality and Safety as a means to promote clinical care that creates better health outcomes at a lower cost. This drive has led her to PHW where her interests and our vision are aligned. When she is not reading everything she can to learn more about PHW, she loves spending time on the Eastern Shore of MD with her husband, two children, and adopted Greyhound.



# Spring Updates

Welcome to spring! It's an exciting time of year when everyone can throw back the curtains, open the windows and start thinking about fun outdoor activities like gardening.



## PHW's Provider Website

PHW's Provider Website is a supportive resource designed to keep you informed on a variety relevant health topics for your practice. Below are a few examples of PHW'S current content.

- COVID-19 updates
- Our Prescriber Lunch & Learns will occur on the 4th Tuesday of each month in 2021 starting on February 23, 2021. [CLICK HERE to register online today.](#)
- Introducing PA Health & Wellness Provider Accessibility Initiative. If you have any questions, please contact the Provider Services at 1-844-626-6813 or email [PAI\\_Information@centene.com](mailto:PAI_Information@centene.com).

Further provider resources, including the Provider Manuals and the Secure Provider Portal, can be accessed by using the following link: <https://www.pahealthwellness.com/providers.html>.



## Telehealth Coverage

PHW has extended telehealth coverage in response to the continued COVID-19 pandemic.

The policies we have implemented include:

- Continuation of zero member liability (copayments, coinsurance and/or deductible cost sharing) for care delivered via telehealth,

- Any services that can be delivered virtually will be eligible for telehealth coverage.
- All prior authorization requirements for telehealth services will be lifted for dates of service from March 17, 2020 through April 21, 2021.
- Telehealth services may be delivered by providers with any connection technology to ensure patient access to care.

To access a full description of "COVID-19 Telehealth Guidance for Providers" can be accessed with the Provider Updates tab or by using the following link: <https://www.pahealthwellness.com/providers/provider-updates.html>



## Medical Record Requests

PA Health & Wellness may be in contact with your office, or you may hear from one of our vendor partners. We ask that you return any medical record request within 5-7 business days. Please use the following fax number to return any medical records: 844-340-3600, Attention: HEDIS Operations

Questions about HEDIS can be directed to your Provider Relations Representative.

# Spring Updates

## Smoking Cessation



Coronavirus (COVID-19) attacks the airways, which is why smokers are urged to quit to avoid further damaging their lungs. Smoking increases the risk for respiratory infections, weakens the immune system and is a major cause of a number of chronic health conditions, including chronic obstructive pulmonary disease, heart disease and diabetes. These factors put smokers at a greater risk if they should become infected. Between 17% and 19% of Pennsylvania adults smoke, according to various studies, which is approximately 1.6 million and 1.8 million people (1). It is essential to raise awareness to anyone who uses any form of tobacco delivery. PHW's Participant Handbook includes information on tobacco/smoking cessation.

*If a member is ready to be smoke free, no matter how many times they have tried to quit smoking, we are here to help. Interested members can reach out to Participant Services 1-844-626-6813 (TTY 1-844-349-8916) or their Service Coordinator to connect with resources to help them quit smoking.*

## COVID-19 Vaccines



Exciting news! The COVID-19 vaccine is currently available to anyone in Pennsylvania who falls into Phase 1A. PA Health & Wellness members who are over the age of 65 or have a chronic condition can receive a vaccine at this time, at no cost.

### Chronic conditions covered in Phase 1A include:

- Cancer
- COPD
- Immunocompromised state
- Obesity
- Pregnancy
- Smoking

For a full list of chronic conditions covered in Phase 1A, where to receive a vaccine, and more information about vaccine availability, please visit <https://www.health.pa.gov/topics/disease/coronavirus/vaccine/Pages/Vaccine.aspx>

PA Health & Wellness is here to help. Please reach out with questions.



## Provider Education & Training Updates:

### New & Coming Soon! Register for 2021 Virtual Town Halls (May 25th through May 27th)

PHW will be hosting a series of Virtual Town Hall sessions; registration will soon be available through our website: <https://www.pahealthwellness.com/providers/provider-town-hall.html>

### New & Coming Soon: 2021 Community HealthChoices HCBS Provider Annual Training Requirement

In 2021, all Home & Community-Based Service (HCBS) Providers participating with PHW Community HealthChoices will be required to attend an annual training. Once available, the training will be located here: <https://www.pahealthwellness.com/providers/resources/provider-training.html>. For more information, email [ProviderTraining@PAHealthWellness.com](mailto:ProviderTraining@PAHealthWellness.com).

(1) [Paul Muschick], [Smokers move near top of list to get COVID-19 vaccine in Pennsylvania – and that stinks] , (MCALL), [01/15/2021] [<https://www.mcall.com/opinion/mc-opi-covid-vaccine-smokers-muschick-20210116-tiqckvdlfh43fczwoh45o3c34-story.html>]

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