Provider Newsletter

pa health & wellness

Physician Summit Award Spotlight

Frank Conly, MD
Primary Health Network

PA Health & Wellness is thrilled to announce the *2022 Centene Physician Summit Award* in Pennsylvania has been awarded to Dr. Frank Conly of The Primary Health Network!

Since 2007, the Centene Foundation for Quality Healthcare has recognized physicians for the outstanding service and quality of care they provide to Plan members, representing the best in quality medical delivery.

> *Congratulations to Dr. Conly and thank you for providing superior care to our PHW members!*

"I would like to extend my sincerest thanks to PA Health and Wellness, a subsidiary of Centene Corporation and its Health and Quality Foundation, for this recognition. I am grateful and humbled to join the growing list of previous recipients who have put time and energy into providing quality care to their patients and the communities at large.

For the past forty-two years, I have been providing family medicine services within Altoona, PA, eight of which have been spent working alongside Primary Health Network (PHN), Pennsylvania's largest Federally Qualified Community Health Center, to fulfill their mission to provide quality primary care services regardless of age, race, creed, sex, national origin, or ability to pay. To achieve this goal calls for dedication and teamwork. I am indebted to my team for their persistence and perseverance in working together to provide the best possible outcome for our patients.

This award inspires me to keep pushing—to help all the patients I am lucky enough to treat, and to continue to uphold the virtues of justice, courage, and truthfulness when treating patients."

Frank Conly, MD

Primary Health Network

Did you know?

Pa Health and Wellness has a dedicated team that addresses gaps in care? Our Care Engagement Specialist (CES) outreaches both our Medicaid participants and Medicare member to review, educate, and assist in closing gaps in care.

Using motivational interviewing, the CES identifies potential barrier(s) to care and will work with the member/participant to overcome the barrier(s).

Common challenges may include transportation and scheduling an appointment. The goal of this program is to link members to their primary care providers for optimal coordination of care. Additionally, the CES team has partnered with providers in scheduling for gaps in care events, recently we had the privilege assisting The Family Practice and Counseling Network in scheduling members for a Mammo van event.

If you wish to partner with us for clinic day, care gap closure events, or campaigns, please contact your provider relations representative to discuss partnership.

Are You Leaving **Money on the Table?**

The 2022 Community HealthChoices (CHC) Agreement required that managed care organizations participate in value-based program initiatives. In January of this year, PHW rolled out several programs designed to reward CHC contracted providers additional funding when achieving defined quality metrics. Below is a summary of a few popular value-based programs. If you are interested, and qualify for participation, please reach out to your Provider Relations representative to get more information.

Care Gap Closure Program
Provider Type: Agency Model
Personal Assistance Providers

PHW is partnering with contracted (in-PAR) PAS agencies to support the closure of identified HEDIS care gaps and vaccination goals. Agencies are provided a portal through HAA Exchange. The portal is agency specific and identifies open care gaps for each of PHW participants supported by the agency. Agencies coordinate and arrange physician appointments and transportation so that identified care gaps can be closed.

Reduced Missed Visit Program
Provider Type: Agency Model
Personal Assistance Providers

PHW encourages the use of EVV to ensure that authorized services are provided to HCBS participants. This program incentivizes providers EVV utilization and coverage of scheduled units of care. PAS providers who meet the minimum EVV and missed visits targets are provided a rate increase the following quarter for enrolled PAS participants.

Nursing Facility Quality Initiative
Provider Type
Nursing Facilities

This program is designed to encourage nursing facilities to actively participate in the OLTL/MCO/JHF quality initiative (Learning Network), enhance participant clinical data sharing with the nursing facilities, and to ensure accurate participant enrollment information. Incentive payments are being provided to PHW participating nursing facilities that meet required quality performance targets, reporting requirements and facilitation of participant data exchange.

Primary Care Physician Incentive Program
Provider Type
Physicians

The Primary Care Incentive Program is a pay for performance program targeting PHW's primary care groups to encourage closure of identified gaps in care based on HEDIS performance measures. PHW works with our Primary Care groups to encourage engagement with their patients to pursue regular primary care visits and to focus on measures that have the greatest potential to positively impact health and wellness of PHW participants and thereby avoid future health issues, preventable hospitalizations, and emergency room admissions.

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.

Providers Play a Critical Role in
Improving Care Coordination

Care Coordination is assessed annually in the Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey. The Care Coordination measure assesses providers' assistance with managing the disparate and confusing health care system, including access to medical records, timely follow-up on test results, and education on prescription medications. We provided some tips below that can be incorporated into your daily practice to improve Care Coordination:

Care Coordination CAHPS Questions	Recommendations
Q18. Doctor had medical records	Have relevant information and medical history, including appointments with specialists, at hand during patient office visits
Q20/21. Getting test results - combined item	Implement process for patients to access test results easily and securely
	Call patients about test results promptly and inform them if no calls are made for normal results
Q23. Doctor talked about Rx	Review patient medications during each visit
Q26. Got help managing care	Follow-up promptly with patients after inpatient stays
	Provide additional support to patients with multiple needs to coordinate and monitor delivery of health services
Q32. Doctor informed about specialty care	Increased collaboration with specialty providers

More information about CAHPS can be found on the Agency for Healthcare Research and Quality website: https://www.ahrq.gov/cahps/about-cahps/index.html

If you have questions about the CAHPS survey process, please contact your Provider Network Specialist or email PHWProviderRelations@PAHealthWellness.com.

EMR Access - Less paperwork for you. Better data for all.

Our PHW EMR liaison will work with your office or facility to obtain EMR access for designated PHW staff who have a direct business need to review medical records. When medical records are needed to complete a quality review, we will access your EMR system via a secure login that you have provided. Data is entered into secure applications. This work is done in compliance with all HIPAA and privacy regulations.

For questions or details about next steps, contact our Provider Relations department at phwproviderrelations@pahealthwellness.com and have a Happy HEDIS Season!

For more than 20 years, Wellcare has offered a wide range of Medicare products which offer coverage beyond Original Medicare. Today, the company offers benefits with every Medicare beneficiary in mind. And, we have exciting news for 2023!

We're expanding our Medicare product line!
In 2023, we are launching a **new PPO D-SNP Plan called "Wellcare Dual Access Open"**. This specialized Medicare Advantage plan provides healthcare benefits for beneficiaries that have both Medicare and Medicaid coverage. And, with our Preferred Provider Organization, members do not need to choose a primary care provider (PCP), and usually do not need a referral to see a specialist. They can access providers in our network, or they may access out-of-network care for covered services, usually for a higher cost.

We're expanding our reach!
In 2023, our plan locations are as following:

HMO and PPO	Now in 60 out of 67 counties in PA	All counties in PA except: Columbia, Montour, Northumberland, Franklin, Adams, York, and Pike.
PPO D-SNP	Now in 63 out of 67 counties in PA	All counties in PA except: Columbia, Montour, Northumberland, and Pike.
D-SNP	Still in 64 out of 67 counties in PA	All counties in PA except: Columbia, Montour, and Northumberland.

Most of our plans include prescription drug coverage, have low or $0 premiums, and extra benefits which may include:

- Dental, hearing, and vision services
- Over-the-counter benefits
- Flex cards to assist with co-pays
- Wellness and fitness programs
- Transportation services
- In-home support services
- Telehealth visits
- Special supplemental benefits for the chronically ill

As always, Wellcare by Allwell is committed to working with you to ensure your patients receive the best care. If you have any questions, contact us at:

Provider Services:
HMO/PPO: 1-855-766-1456 (TTY: 711)
HMO/PPO D-SNP: 1-866-330-9368 (TTY: 711)
www.wellcare.com/allwellpa

From October 1 to March 31, you can call us 7 days a week from 8 a.m. to 8 p.m.
From April 1 to September 30, you can call us Monday through Friday from 8 a.m. to 8 p.m.
A messaging system is used after hours, on weekends and on federal holidays.

CoC (Continuity of Care)

A step-by-step guide to the provider portal and completing 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
  - <u>AND</u> submit the same diagnosis code in the medical claim
  - <u>OR</u> 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.

==*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@pahealthwelleness.com
  - Fax: 1-844-918-0782 S Line: CoC

Provider Portal Navigation

From your home screen, select "Provider Analytics" from the right-hand menu. This will open in a new tab in your browser. Under "Dashboards," select "CoC-Appointment Agendas-2022." This again will open a new tab in your browser.

Member ID column will contain both lines of business.

Option to filter to line of business.

Status:
Dark green: Completed
Light green: Awaiting confirmation
Yellow: Not completed

The Provider Portal has been updated with new features:
- Filterable to date patient was added to the CoC Program
- Medical record received and medical record approved columns have been added.

Export list to Excel.

Info button is a drop-down menu containing links to FAQs.

Users can search for a specific patient by typing in either name or patient ID.

Once a box is checked/unchecked, user needs to click "UPDATE" to save any updates.

Users need to enter their name to attest to the changes.

REMINDER:

The 2022 CoC incentive program deadlines are coming up very soon. Please plan ahead as holidays and end of year vacations may impact your ability to complete what you need to in order to qualify for incentive payments.

Deadlines

a. **Member Visit must occur by 12/31/2022** – A qualified member visit must occur by 12/31/2022 at the organization that is completing the Agenda.

b. **Agenda Submission must occur by 1/31/2023** – Any Agenda which is not completed and submitted after this date will not be counted towards the payment incentive.

c. **Claim Submission should occur by 1/31/2023** – The claim must be for a risk adjustable qualified visit and show a visit occurred at the organization the Agenda is assigned. This will ensure payment in early 2023 for anything from Q4. There will be a true up payment for claim lag purposes later in the year.

d. **Portal Log in Must Occur by 12/31/2022** – The provider must log in 3 times in 2022 to trigger payment.

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, Wase, 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

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 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