



Promoting good care and **communication**

When you have a patient with multiple conditions or who needs complex, coordinated care, communication is key.

PA Health & Wellness offers care management to help participants who may not be able to facilitate care on their own. It's intended for participants with high-risk, complex or catastrophic conditions, such as asthma, diabetes, sickle cell disease, HIV or AIDS and congestive heart failure.

Care managers are trained nurses and other clinicians who act as advocates, coordinators, organizers and communicators. They support both patients and their caregivers, as well as you and your staff, and promote quality, cost-effective outcomes.

A care manager connects the PA Health & Wellness participant with the healthcare team by providing a communication link between the participant, his or her primary care physician, the participant's family and other healthcare providers, such as physical therapists and specialty physicians.

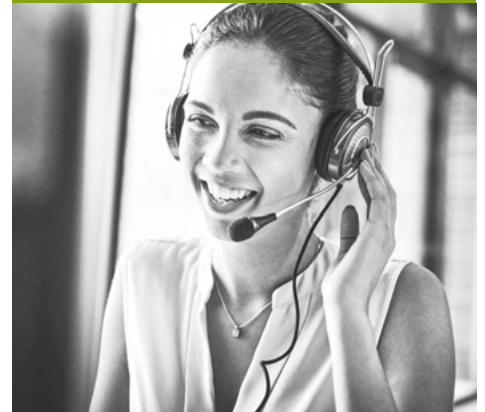
Care managers do not provide hands-on care, diagnose conditions or prescribe medication. Instead, care managers help participants understand the benefits of following a treatment plan outlined by a physician and the consequences of not following the plan. Care managers can help your team with participants who are not adhering to their treatment plan, participants with new diagnoses and participants with complex multiple comorbidities.

Providers can directly refer participants to our care management program by phone or through the provider portal. Providers may call **1-844-626-6813** for additional information about the care management services PA Health & Wellness offers.

Keep us informed

PA Health & Wellness wants to provide the best care we can to our participants. So it's important for us to know if you plan to move, change phone numbers or leave the network.

Call **1-844-626-6813** to update or verify your contact information or status. You can also check your information on our secure provider portal at **PAHealthWellness.com**. Please let us know at least 30 days before you expect a change to your information.



Getty Images



Learn more about HEDIS

What is HEDIS?

The Healthcare Effectiveness Data and Information Set (HEDIS) is a set of performance measures developed by the National Committee for Quality Assurance (NCQA).

How often are HEDIS measures updated?

HEDIS measures are updated annually. You can find the latest measures online at [ncqa.org/hedis-quality-measurement/hedis-measures/hedis-2018](https://www.ncqa.org/hedis-quality-measurement/hedis-measures/hedis-2018).

How are HEDIS numbers used?

Most health plans use HEDIS measures to evaluate their performance on important aspects of care and service. PA Health & Wellness reviews HEDIS data to identify opportunities to improve performance and ensure participants are receiving appropriate care. In addition, NCQA uses the measures to hold PA Health & Wellness accountable for the timeliness and quality of healthcare services.

How can we improve our HEDIS scores?

We discuss key HEDIS measures in each issue of our newsletters. Appropriate billing is also important. Providers should submit timely and accurate claim or encounter data for every service rendered and should consider using CPT II codes to reduce medical record requests.

Meeting appointment accessibility standards

PA Health & Wellness is committed to making sure participants have timely access to healthcare. Accessibility requirements are set forth by regulatory and accrediting agencies.

PA Health & Wellness monitors compliance with these standards annually and uses the results of monitoring to ensure adequate appointment availability and reduce unnecessary emergency room visits. Please review the appointment availability standards below:

- Your PCP should see you within 10 business days of when you call for a routine appointment.
- You should not have to wait in the waiting room longer than 30 minutes, unless the doctor has an emergency.
- If you have an urgent medical condition, your provider should see you within 24 hours of when you call for an appointment.
- If you have an emergency, the provider must see you immediately or refer you to an emergency room.

If you are pregnant and:

- In your first trimester, your provider must see you within 10 business days of PA Health & Wellness learning you are pregnant.
- In your second trimester, your provider must see you within five business days of PA Health & Wellness learning you are pregnant.
- In your third trimester, your provider must see you within four business days of PA Health & Wellness learning you are pregnant.
- Have a high-risk pregnancy, your provider must see you within 24 hours of PA Health & Wellness learning you are pregnant.

The availability of our network practitioners is key to participant care and treatment outcomes. Please ensure your information is up to date with PA Health & Wellness so our participants can reach your office to schedule appointments without difficulty. You can update your information by visiting the provider portal on our website at [PAHealthWellness.com](https://www.PAHealthWellness.com) or calling us at **1-844-626-6813**.

A shared agreement

Participant rights and responsibilities cover participants' treatment, privacy and access to information. We have highlighted a few here.

PARTICIPANT RIGHTS INCLUDE BUT ARE NOT LIMITED TO:

- Being treated with respect, recognizing your dignity and need for privacy, by PA Health & Wellness staff and network providers.
- Getting information in a way that you can easily understand and find when you need it.
- Getting information that you can easily understand about PA Health & Wellness, its services, and the doctors and other providers who treat you.
- Picking the network healthcare and long-term services and supports (LTSS) providers whom you want to treat you.

PARTICIPANT RESPONSIBILITIES INCLUDE:

- Taking responsibility for maximizing healthy habits, such as exercising, not smoking, and eating a healthy diet.
- Following plans and instructions for care that you have agreed to with your

providers and practitioners.

- Becoming involved in specific healthcare decisions by understanding your health problems and participating in developing mutually agreed-upon treatment goals, to the degree possible.
- Working collaboratively with healthcare and LTSS providers in developing and carrying out agreed-upon treatment plans.
- Disclosing relevant information and supplying information, to the extent possible, that the organization and its practitioners and providers need in order to provide care, and clearly communicating wants and needs.
- Using PA Health & Wellness' internal complaint and appeal processes to address concerns that may arise.
- Avoiding knowingly spreading disease.
- Recognizing the reality of risks and limits of the science of medical care and the human fallibility of the healthcare professional.
- Being aware of a healthcare and LTSS provider's obligation to be reasonably efficient and equitable in providing care to other patients and the community.
- Becoming knowledgeable about your health plan and LTSS coverage and health plan and LTSS options (when available), including all covered benefits, limitations and exclusions, rules regarding use of network providers, coverage and referral rules, appropriate processes to secure additional information, and the process to appeal coverage decisions.
- Showing respect for other patients, health workers and LTSS workers.
- Making a good-faith effort to meet financial obligations.
- Abiding by administrative and operational procedures of health plans, healthcare and LTSS providers, and government health benefit programs.
- Reporting wrongdoing and fraud to appropriate resources.

The provider manual includes a more comprehensive list of participant rights and responsibilities. Visit PAHealthWellness.com or call **1-844-626-6813** if you need a copy of the manual.



Know your pharmacy facts

Here are a few things to know before prescribing medication to PA Health & Wellness participants:

1. PA Health & Wellness is committed to providing appropriate and cost-effective drug therapy to its participants. Not all drugs are covered. Some need a prior authorization, and some may have limits on age, dose and maximum quantities.
2. PA Health & Wellness uses a preferred drug list (PDL)—a list of drugs participants can get at retail pharmacies—and updates it quarterly. You can find the most up-to-date PDL, including information about prior authorization and other guidelines, such as step therapy, quantity limits and exclusions, at PAHealthWellness.com.
3. If you have questions about our pharmacy procedures or would like a printed copy of the PDL, please call **1-844-626-6813**.



Published by Manifest LLC. © 2019. All rights reserved. No material may be reproduced in whole or in part from this publication without the express written permission of the publisher. The information in this publication is intended to complement—not take the place of—the recommendations of your healthcare provider. Consult your physician before making major changes in your lifestyle or healthcare regimen. Manifest makes no endorsements or warranties regarding any of the products and services included in this publication or its articles.



Ensuring appropriate, quality care

PA Health & Wellness has developed utilization management and claims management systems to identify, track and monitor the care provided to our participants. Utilization management (UM) decisions are based only on the appropriateness of care and service and the existence of coverage. PA Health & Wellness does not reward providers, practitioners or other individuals for issuing denials of coverage or care. Denials are based on lack of medical necessity or lack of covered benefit.

UM care criteria cover preventive care, emergency care, primary care, specialty care, acute care, short-term care, health homes, maternity care and ancillary care services. PA Health & Wellness uses nationally recognized

criteria (such as InterQual) if available for the specific service. Other criteria are developed internally through a process that includes a review of scientific evidence and input from relevant specialists.

Providers can help us make appropriate and timely UM decisions by submitting complete clinical information with the initial request for a service or treatment.

Providers can discuss any medical UM denial decisions with a physician or another appropriate reviewer at the time of notification of an adverse determination.

Providers can obtain a copy of PA Health & Wellness's UM criteria, ask questions of UM staff or contact a reviewer by calling **1-844-626-6813**.

Your credentialing rights

Credentialing protects our participants by ensuring that providers meet state and federal regulatory requirements and accreditation standards.

During the credentialing and recredentialing process, PA Health & Wellness obtains information from outside sources such as state licensing agencies and the National Practitioner Data Bank.

If any information gathered as part of the primary source verification process differs from data submitted by the practitioner on the credentialing application, PA Health & Wellness will notify the practitioner and request clarification.

A written explanation detailing the error or the difference in information must be submitted to PA Health & Wellness to be included as part of the credentialing and recredentialing process. Information must be sent in a timely manner to avoid delays in the credentialing process.

Practitioners have the right to:

- Review primary source materials collected during this process.
- Request the status of their credentialing application.
- Ask questions about the credentialing process at any time.

Providers can learn more by contacting Provider Services at **1-844-626-6813**.