

## Save the Date Summer 2025

### PROVIDER SATISFACTION SURVEY



Our **annual provider satisfaction survey** will launch early this summer and we hope you'll take a moment to share your feedback.

This survey serves as the foundation for key improvement initiatives that we undertake each year, and your feedback is critical to making sure we address the issues that are important to you.

We look forward to learning about how we can continue to improve your experience in doing business with us.

## Keeping Your Information Up to Date



PA Health & Wellness (PHW) is committed to maintaining the accuracy of our Provider information for our members. We aim to uphold the integrity of our "Find A Provider" directory. To assist us in delivering the most reliable information, please ensure to:

- Inform PHW if any Provider is covering for another Provider on a temporary basis.
- Indicate if a Provider's panel is closed.
- Share age limits of the population served by Provider.
- Confirm that the provider is listed in the directory for the appropriate location and is available for scheduling appointments during business hours.
- Inform (PHW) if Telehealth services are available.

This information should be reported during enrollments and if there are any changes to a provider status. You can report the updates to ProviderData mailbox at the following email address: [PHWproviderdata@pahealthwellness.com](mailto:PHWproviderdata@pahealthwellness.com). Thank you for assisting us in providing our members with the most accurate information.



## Be SMART With Asthma

### Have you heard of SMART Therapy?

SMART Therapy stands for Single Maintenance and Reliever Therapy and is currently recommended in patients 4 years of age and older with moderate to severe asthma. This type of asthma treatment involves the use of one inhaler that includes an inhaled corticosteroid (ICS) and a long-acting beta agonist (LABA), specifically formoterol, for both maintenance and reliever therapy.

ICS-LABA (formoterol) Combinations on the Market	Notes
Symbicort <sup>®</sup> ™ (budesonide/formoterol)	Preferred for SMART Therapy; extensively studied
Dulera <sup>®</sup> ™ (mometasone/formoterol)	Not currently studied

According to the Asthma Management Guidelines updated in 2020 by the National Heart, Lung, and Blood Institute (NHLBI), patients on daily ICS-LABA treatment plus as needed short-acting beta agonist (SABA) that are uncontrolled may benefit from SMART therapy. Evidence supports switching to SMART Therapy at the same or lower maintenance ICS-LABA dose before considering a step up in maintenance treatment. If patients are well controlled on the ICS-LABA plus SABA treatment, SMART Therapy may offer less added benefit; thus, the regimen should be maintained. Additionally, the Global Initiative for Asthma (GINA) guidelines were updated in December 2022 to include the use of SMART Therapy in moderate to severe asthma management.

Clinical Trial	Drugs Studied	Test Population	Results	Key Takeaways
<b>SYGMA</b> (Symbicort Given as Needed in Mild Asthma)	<u>SYGMA 1</u> BID placebo plus PRN terbutaline 0.4mg (delivered dose) <b>OR</b> BID placebo plus PRN budesonide/formoterol 160mcg/4.5mcg (delivered dose) <b>OR</b> BID budesonide 200mcg plus PRN terbutaline 0.4mg (delivered dose)  <u>SYGMA 2</u> BID placebo plus PRN budesonide/formoterol 160mcg/4.5mcg (delivered dose) <b>OR</b> BID budesonide 200mcg	Adult patients with mild asthma and patients with moderate to severe asthma	<ul style="list-style-type: none"> <li>PRN budesonide/formoterol was associated with significantly lower severe exacerbation rate (26% reduction) compared to budesonide maintenance in patients previously receiving only PRN SABA in both SYGMA 1 and 2</li> <li>SYGMA 1- PRN budesonide/formoterol was associated with a large 66% reduction in severe exacerbation rate and an increase in time to first severe exacerbation vs PRN SABA</li> </ul>	Adults may be better protected by switching to PRN ICS/formoterol vs PRN SABA

Clinical Trial	Drugs Studied	Test Population	Results	Key Takeaways
<b>Novel START</b> (Novel Symbicort Turbuhaler Asthma Reliever Therapy)	albuterol 100mcg two puffs PRN <b>OR</b> budesonide 200mcg BID plus PRN albuterol <b>OR</b> budesonide/formoterol 160mcg/4.5mcg one puff PRN (delivered dose)	Adult patients with mild asthma	<ul style="list-style-type: none"> <li>budesonide/formoterol PRN was superior to albuterol PRN for prevention of asthma exacerbations with a 60% reduction in severe exacerbations</li> </ul>	ICS/formoterol was superior to albuterol when used as needed for asthma exacerbations
<b>MANDALA</b>	albuterol 180mcg/ budesonide 160mcg <b>OR</b> albuterol 180mcg/ budesonide 80mcg <b>OR</b> albuterol 180mcg alone	Children age 4-11 Adolescents Adults	<ul style="list-style-type: none"> <li>albuterol 180mcg/ budesonide 160mcg reduced risk of asthma attack overall by 27%, reduced risk of asthma attack annually by 24%, reduced use of oral corticosteroids by 33%</li> <li>albuterol 180mcg/ budesonide 80mcg reduced risk of asthma attack overall by 17%</li> </ul>	The future of SMART Therapy may include combination ICS/ SABA

Based on the current evidence and continued studies, the decrease in medication burden and reduction in medication costs for patients with asthma by utilizing SMART Therapy is clinically significant. Here are some important points for all clinicians to keep in mind:

1. Traditional asthma management uses different medications for maintenance and reliever therapy whereas SMART Therapy uses the same medication for BOTH!
2. SMART Therapy may reduce the risk of confusion on which inhaler to use for maintenance or reliever for many patients, especially children.
3. SMART Therapy is part of the National Asthma Education and Prevention Program (NAEPP) and is detailed in the 2020 NHLBI and 2022 GINA guidelines.
4. SMART Therapy is not currently FDA approved for mild asthma.
5. In relation to the Asthma Medication Ratio (AMR) HEDIS measure, low dose ICS/LABA (formoterol) combinations are considered 'Asthma Controller Medications' and, when filled, lead to a higher percentage of 'Asthma Controller Medications' over 'Total Asthma Medications'. This results in a higher AMR compliance rate; thus, the use of only one inhaler for those with moderate to severe asthma may enhance patient compliance while potentially decreasing exacerbations and lowering costs simultaneously.

#### RESOURCES:

1. <https://allergyasthmanetwork.org/news/asthma-smart-therapy/>
2. <https://community.aafa.org/blog/think-smart-what-is-the-right-asthma-medicine-plan-for-your-child>
3. <https://allergyasthmanetwork.org/news/mandala-study-asthma-albuterol-budesonide/>
4. <https://ginasthma.org/wp-content/uploads/2023/07/GINA-2023-Pocket-Guide-WMS.pdf>
5. <https://www.atsjournals.org/doi/full/10.1513/AnnalsATS.202011-1386OC>
6. <https://pubmed.ncbi.nlm.nih.gov/31112386/>
7. <https://spbm.medicaid.ohio.gov/SPPage/Contact%20Us>
8. <https://spbm.medicaid.ohio.gov/SPDocumentLibrary/DocumentLibrary/UPDL/UPDL%20effective%2007.01.2023.pdf>
9. <https://spbm.medicaid.ohio.gov/SPDocumentLibrary/DocumentLibrary/UPDL/Quantity%20Limits.pdf>



# Medicare Advantage Annual Preventative Care



## Schedule a visit with your member today!

Wellcare By Allwell members are covered for:		CODES	
<b>Annual Wellness Visit (AWV)</b>	This unique to Medicare visit allows you and your patient to meet and discuss their health to create a personalized prevention plan.	<b>1 per calendar year</b>	<b>G0438, G0439*</b>
<b>Routine Physical Exam (RPE)</b>	This Medicare Advantage Supplemental benefit is a comprehensive physical examination to screen for disease and promote preventative care.	<b>1 per calendar year</b>	<b>99381-99387* (new patient)</b> <b>99391-99397** (established patient)</b>

\*Contracted Federally Qualified Health Centers (FQHC) must include G0468 when billing AWV.

\*\*Can be billed with the AWV with a modifier 25.

### Topics to discuss during your patient's Annual Wellness Visit (AWV):

- ▶ Update patient's medical record: including demographics, other treating providers and family history
- ▶ Conduct a Social Determinants of Health assessment
- ▶ Discuss Advanced Care planning
- ▶ Screen for cognitive impairment, including depression, mental wellness and emotional health
- ▶ Conduct medication reconciliation and extend day fill opportunities (mail order or 90 days at retail)
- ▶ Complete pain and functional assessments; including use of Durable Medical Equipment (DME)
- ▶ Assess bladder leakage and care options
- ▶ Create a preventative screening schedule and refer members for tests, labs, X-rays (eye exams, colonoscopy, mammograms), counseling and care programs
- ▶ Complete the health risk assessment, including functional abilities, ADLs, instrumental ADLs and create an action plan
- ▶ Create patient's list of balance/fall risk factors and conditions; including interventions and treatment options
- ▶ Check routine measurements: height, weight, blood pressure, etc.
- ▶ Review current opioid prescription and screen for potential Substance Use Disorders (SUDs)

### Topics to discuss during your patient's Routine Physical Visit:

▶ Health History	▶ Heart, lung, head/neck, abdominal, neurological, dermatological, extremities and gender specific exam
▶ Vital signs	



### For People with Diabetes

- Annual diabetic retinal eye exam
- Review adherence of diabetes medications (consider 90-day fills for maintenance medications) and evaluate the addition of a statin to help prevent heart and blood vessel diseases
- Blood pressure monitoring
- Testing and control of HbA1c
- Kidney function tests
- Medical attention for nephropathy

### Important Cancer Screenings:

- Colon cancer screening (Colonoscopy, Fit DNA test, Cologuard)
- Breast cancer screening
- Prostate cancer screening
- Lung cancer screening

### As Needed

- Osteoporosis screening and management after fracture

### Care for Older Adults

- Medication review and reconciliation by physician
- Functional status assessment
- Pain assessment
- Advance care planning
- Depression screening

### Adult Vaccinations

- COVID-19 – initial and follow-up
- Influenza – yearly
- Pneumococcal – one time (may need booster)
- Meningococcal
- Tetanus, diphtheria, pertussis (Td/Tdap)
- Zoster (shingles)
- Hepatitis A
- Hepatitis B

## TIPS to Ensure Healthy Outcomes

- Always share tests and screenings results with members, and discuss how they can access them, via a patient portal
- Be sure to submit all applicable conditions, via IDC 10 codes
- Leverage CPT Category II codes to ensure outcomes in order to reduce chart collection events



## Home & Community Based Services (HCBS) Annual Training for Provider Type 59 Available now!

The 2025 HCBS Provider Training is available now! This is an 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. Credit for completion will be given when attestation is received.

- [Registration for Training](#)
- [2025 HCBS Training Attestation](#)
- [2025 Annual HCBS Training Handout \(PDF\)](#)





## Let's partner together to help patients on their healthcare journey!

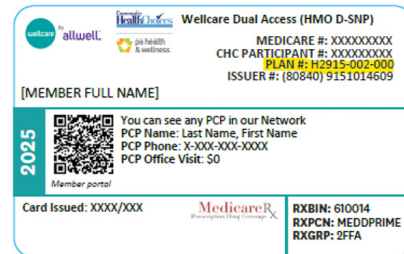
Our Medicare Advantage Plans provide coverage for inpatient care, primary and specialist visits, prescription drugs, supplemental benefits and much more.

Understanding benefits helps members get the care they need, and we want to make it as easy as possible for them. We offer a variety of resources to help members (and providers!) learn about benefits:



- **2025 Welcome Kit:** Mailed to members at the beginning of the year or shortly after enrollment.
- **Video Library:** Watch benefits come to life at [wellcare.pahealthwellness.com/videos](http://wellcare.pahealthwellness.com/videos).
- **Member Portal:** Members can access via this QR code or at [member.membersecurelogin.com](http://member.membersecurelogin.com).
- **Plan Benefit Materials:** Find other helpful material at [wellcare.pahealthwellness.com/plan-benefit-materials.html](http://wellcare.pahealthwellness.com/plan-benefit-materials.html) such as: Evidence of Coverage / Comprehensive Formulary / Summary of Benefits / OTC & Healthy Food Catalog

**! PRO TIP:** The plan number, found on the front of the member ID card, can help to identify materials on our website.



### Wellcare plans include supplemental benefits which are not covered with Original Medicare!

- |                                  |   |
|----------------------------------|---|
| Dental care, dentures & implants | OTC, gas, healthy food, rent & utility assistance |
| Vision care & eyewear allowance  | Transportation to medical appointments            |
| Hearing exams & hearing aids     | Gym memberships & home fitness kits               |
| Prescription drug coverage       | Personal Emergency Response System                |

As always, Wellcare By Allwell is committed to working with you to ensure your patients receive the best care. If you have any questions, please visit our website [www.wellcare.com/allwellPA](http://www.wellcare.com/allwellPA) or contact us at:

Wellcare By Allwell Medicare Provider Services  
 HMO, PPO: 1-800-977-7522 (TTY:711)  
 HMO, PPO D-SNP: 1-844-796-6811 (TTY:711)

# CoC/CoC+ Bonus Programs

Enhance outreach for annual visits and chronic disease management

**Agenda, Member & Provider Details**

**Components of an Appointment Agenda**

**Additional headers for Member Gap and Insights**

**Signature**  
The signature component on the Portal or PDF Agenda may be completed by a credentialed Provider or the facilitator of the program

**QR Code**  
Providers may scan the QR Code or click on the URL for additional resources and a Provider Facing FAQ document

**2025 Medicare Appointment Agenda**  
A Guide to the Patient's Visit

**Health Condition History and Continuity of Care**

**Clinical**

**Care Guidance**

**Signature**

**QR Code**

**Member Gap and Insight**  
Insights will vary by Line of Business. Providers should check one box for each Gap/Insight Category listed on the Agenda

- Gap Assessed and Documented as Appropriate
- Assessed, Not Present
- Not Assessed, Addressed Previously
- Not Assessed, Member Referred

The Health Condition History / Continuity of Care component is all or nothing, ALL Disease Categories must have a box checked, verified with a qualified risk adjustable visit and paid claim to be eligible for the incentive

Additional insights are all or nothing as part of the 'CoC+' Program

	Risk Adjustment	DOH	High Risk	Quality	Clinical
Medicare	X		X	X	X
Marketplace	X		X	X	X

Threshold % of Agendas Completed	2025 Risk Adjustment CoC Incentive Payout January – December 2025 Dates of Service Bonus Paid Per Paper Agenda Submission	Bonus Paid per Electronic Agenda Submission
<50%	\$50	\$100
>=50% TO 80%	\$100	\$200
>=80%	\$150	\$300

**2025 CoC+ Incentive Payouts Received by July 1, 2025**

Medicare \$150  
Marketplace \$100

Providers are eligible for an additional CoC+ incentive per agenda for completing additional member insights portions, where applicable. ALL boxes related to the High Risk, Care Guidance, Clinical, and/or Drivers of Health portions must be checked & verified to be eligible for the additional compensation. All CoC+ insights must be received by July 1st to be eligible for incentive.

**Contact Information**

- Please reach out to [PHW\\_RiskAdjustment@PaHealthWellness.com](mailto:PHW_RiskAdjustment@PaHealthWellness.com) for any questions.
- Your PHW Risk Adjustment Specialist will manage the bonus calculation, reconciliation, and payment processing.
- You may also email or fax paper agendas to
  - [Agenda@centene.com](mailto:Agenda@centene.com) Fax: 1-813-464-8879







# Clinical Documentation Improvement (CDI) 2025

## Learn more about: Risk Adjustment, Coding and Documentation Education

Each webinar includes an overview of Risk Adjustment (RA) and Hierarchical Condition Categories (HCCs), and how they impact you.

To register, please visit <https://www.pahealthwellness.com/providers/provider-training.html> or scan the QR Code below.

## Good News! CEUs are available for certain webinars!

### Topics include:

- Applying 2025 ICD-10-CM Guidelines: Conventions and General Coding Guidelines (Part 1)
- Applying 2025 ICD-10-CM Guidelines: Chapter Specific Guidelines for Chapters 1-14 (Part 2)
- Applying 2025 ICD-10-CM Guidelines: Chapter Specific Guidelines for Chapters 15-21 and Diagnostic Coding and Reporting Guidelines for Outpatient Services (Part 3)
- Navigating Annual Wellness Visits: Types and Benefits
- Medicaid Risk Adjustment 101: With Case Studies
- Learning from HCC Coding Mistakes: A Path to Improvement using Case Studies
- How to Conduct an Internal Risk Adjustment Chart Review with Feedback
- Four Strategies to Help Improve HCC Coding Accuracy
- Ins and Outs of Pediatric Risk Adjustment Coding
- Top Missed and Confusing HCC Codes: With Case Studies
- How to Select the Proper ICD-10 Code in Just 5 Steps
- Enhancing Diabetes Outcomes through Accurate HCC Coding
- Marketplace Risk Adjustment 101: With Case Studies





## 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/>



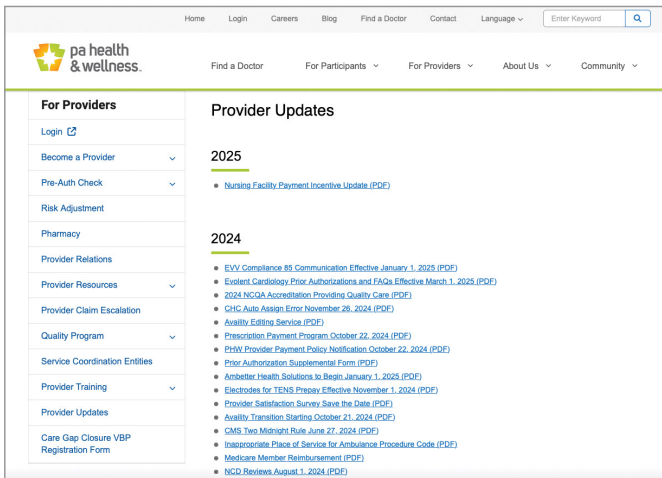
## Reporting Fraud, Waste and Abuse

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, 8th 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).



## Provider Updates

Please visit

<https://www.pahealthwellness.com/providers/provider-updates.html>

regularly to stay up to date on updates from PA Health & Wellness.

## We can't wait to meet you!

Provider Relations is your primary contact for PA Health & Wellness, including Wellcare By Allwell and Ambetter from PA Health & Wellness.

We're here to be your partner. My primary focus is to drive resolution, provider performance, ongoing education and more!

Feel free to reach out with any questions, concerns, or even just to say, "hello!"



Get to know our Provider Relations team even better by visiting <https://www.pahealthwellness.com/providers/ProviderRelations.html>



Get connected with our Provider Relations Team at [PHWProviderRelations@PAHealthWellness.com](mailto:PHWProviderRelations@PAHealthWellness.com)

Thank you for continuing to provide our Members with high quality and compassionate care. We're looking forward to our continued partnership.

## 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>

## 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  
1700 Bent Creek Blvd, Suite 200  
Mechanicsburg, PA 17055

**Email:** [PHWComplaintsandGrievances@PAHealthWellness.com](mailto: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



# Provider Newsletter



FROM



By  
allwell.™

1700 Bent Creek Blvd, Suite 200, Mechanicsburg, PA 17050

allwell.  
By



pa health  
& wellness

FROM



pa health  
& wellness

