

# Provider Newsletter

Volume 22



## Wellcare Spendables® Card: What Providers Should Know for 2026

The Wellcare Spendables® Card is a flexible, debit-style card designed to make benefits simple and convenient for your patients. All D-SNP members receive a Spendables® Card, which can be used for a variety of health-related items and services.



### How Members Use the Card

#### Standard Benefits:



Every member can use the card for certain over-the-counter (OTC) health items and out-of-pocket costs for **dental**, **vision**, and **hearing** services.

#### Expanded Benefits for SSBCI-Qualified Members

Many members will qualify for Special Supplemental Benefits for the Chronically Ill (SSBCI). If they do, the Spendables® Card unlocks additional options:



**Healthy Foods:** Members can buy nutritious groceries in-store or online, and even have meals delivered by Uber Eats.



**Gas (Pay-at-Pump):** The card can be used for fuel at the pump (not available for cashier purchases), helping members maintain independence and reduce transportation costs.



**Rent & Utilities Assistance:** Funds can be applied directly toward rent and utility payments, with payments made to service providers.



**Home Assistance & Safety Items:** Members can purchase eligible products to improve home safety, including items that require installation, such as safety bars for the bathtub.



**Pest Control Services:** The card covers pest control treatments, whether purchased in-store or arranged for in-home services.

#### Key Points for Providers



**Flexibility:** The Spendables® Card works like a debit card, giving members control and convenience in managing their health-related expenses.



**Eligibility:** All D-SNP members receive a card, but SSBCI qualification is required for the expanded benefits listed above.



**Remind Patients:** Unused funds expire at the end of the plan year. Encourage patients to use their allowance and take advantage of all eligible benefits.

#### Provider Role

As a provider, you play a key role in educating patients about their benefits. By helping patients understand how to use their Spendables® Card, you can support better health outcomes and reduce barriers to care.

**Questions?** Visit <http://www.wellcare.com/pennsylvania> or call 1-800-977-7522 (TTY: 711).

## 2026 wellcare Member Rewards Program



With Wellcare, taking care of your health has never been more rewarding. Through the My Wellcare Rewards program, members can **earn up to \$100** just by completing activities tailored to them.

### How to Use the Program

Members may redeem rewards by registering for the member portal at [go.wellcare.com/member\\*](http://go.wellcare.com/member) and filling out an attestation to confirm completed activities. Rewards are loaded onto members' **Wellcare Spendables® Card**. Potential rewards include:

Incentive	Activity
\$50	Annual Preventive Visit
Incentive	Portal Activities - Pick Two
Complete at least 2 for \$25 reward	Logging in to the member portal once a month for at least five months of the calendar year
	Profile update
	Provider survey
	Participating in learning and engagement activities
Incentive	Health Activities - Pick Two
Complete at least 2 for \$25 reward	Health risk assessment
	Flu vaccine
	Breast cancer screening (mammogram)
	Colorectal cancer screening (colonoscopy or at home test)
	A1c test
	Eye exam, if you have diabetes
	Bone density test, if you have had a fracture

## Meeting Appointment Accessibility Standards



### Are your patients able to obtain the services when they are needed?

Availability is key to participant care and treatment outcomes. PA Health & Wellness does monitor compliance with these standards quarterly and uses 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 Here:

1. CHC & Medicare: <https://www.pahealthwellness.com/providers/resources/forms-resources.html>
2. Marketplace: <https://ambetter.pahealthwellness.com/provider-resources/manuals-and-forms.html>

#### 24 Hour Access

PA Health & Wellness PCPs and Specialty Physicians are required to maintain sufficient access to facilities and personnel to provide covered physician services and shall ensure that such services are accessible to Participants as needed 24 hours a day, 365 days a year as follows:

- A Provider's office phone must be answered during normal business hours
- During after-hours, a Provider must have arrangements for one of the following:
  - Access to a covering physician
  - An answering service
  - Triage service
  - A voice message that provides a second phone number that is answered
  - Any recorded message must be provided in English and Spanish, if the Provider's practice includes a high population of Spanish speaking Participants



## PA Health & Wellness to Provide Statewide CHIP Coverage Starting Jan. 1, 2026

We're pleased to announce that **beginning Jan. 1, 2026, WellKids by PA Health & Wellness** will begin serving children and teens enrolled in the **Children's Health Insurance Program (CHIP)** across Pennsylvania.

CHIP is a vital state and federally funded program that provides comprehensive health coverage to uninsured children and adolescents up to age 19 who are not eligible for Medicaid/Medical Assistance. With the launch of WellKids by PA Health & Wellness, we are proud to expand our commitment to delivering focused, compassionate, and coordinated care to even more families throughout the Commonwealth.

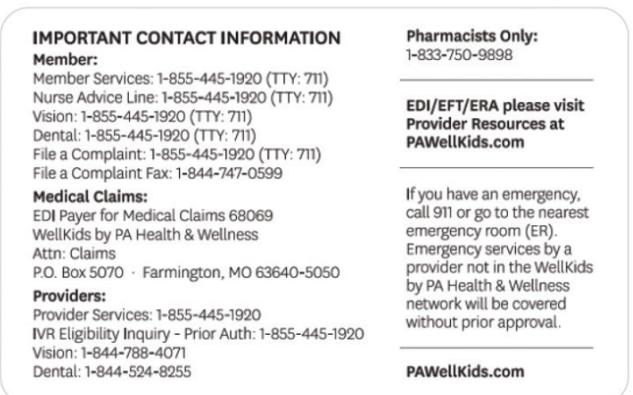
As a reminder, the Department of Human Services (DHS) remains responsible for all application and renewal processing, as well as eligibility determinations. For more details or any questions you may have about CHIP we encourage you to review the [DHS FAQs](#).

Applying for CHIP is easy, a parent or guardian can apply online by visiting the state COMPASS website at [compass.state.pa.us](http://compass.state.pa.us).

Provider Resources: <https://www.pahealthwellness.com/providers/resources/forms-resources.html>

Wellkids by PA Health & Wellness Provider Services 1-855-445-1920 (TTY 711)

### Sample ID Card (Front & Back)



Stay tuned for more information regarding WellKids by PA Health & Wellness!  
We're excited to partner with you in this new chapter of care for Pennsylvania's children!



## Patient Portal Use

A patient portal can serve as a valuable tool in enhancing the patient-physician relationship and reducing work for everyone. Patients can easily gain real-time access to clinical information and message their physician's office. To encourage patient portal use, healthcare providers should integrate promotion into every visit, highlight key benefits (easy scheduling, records access, messaging), offer hands-on training in the office, use clear signage and reminders (phone, website), and make it part of routine communication to build a culture where patients see the portal as essential for convenience and better care.

In office strategies may include having front desk and nurses promote it at check-in, during rooming, and checkout. Consider providing simple handouts or walking patients through signing up.



## Preparing Patients for Lab Work

In addition to specific instructions concerning fasting, please advise patients to stay hydrated. Proper hydration makes veins easier to find, which leads to a faster, smoother blood draw and helps prevent lightheadedness. Also, patients will be more likely to provide a sufficient sample for urinalysis.



## Kidney Health Evaluation – Best Practices

- Order Specific Labs:** Routinely order both eGFR (estimated glomerular filtration rate) and uACR (urine albumin-creatinine ratio) annually for diabetic patients.
- Confirm Test Types:** Ensure the urine test is quantitative for albumin and creatinine, not just semi-quantitative, and that both codes (82043, 82570) are billed if ordered separately (must be within 4 days).
- Patient Education:** Teach patients how diabetes damages kidneys, emphasizing blood sugar/pressure control, diet (low salt/protein), and avoiding NSAIDs (ibuprofen, naproxen).
- Document & Code:** Submit claims with correct diagnosis (ICD-10) and procedure (CPT/CPT II) codes for quality reporting.



## Prohibited Acts Reminder 55 Pa. Code § 1101.75.

All Providers are responsible for ensuring that staff and any marketing materials—including websites, billboards, and other promotional content—comply with all applicable Federal, State, and Waiver regulations, including but not limited to **§ 1101**. Violations may result in sanctions, up to and including termination.

Please review these key compliance requirements:

- **No Kickbacks or Bonuses**

Providers may not offer or accept payments, gifts, or bonuses for referrals or service arrangements under Medical Assistance programs.

- **Participant Choice**

Participants must be free to choose their own providers. Service plans may only be changed for a documented medical or social need.

- **No Inducements**

Federal law prohibits offering anything of value to encourage referrals in programs funded by Medicaid or Medicare.

- **Person-Centered Care**

Care plans must reflect the participant's needs and preferences, respect their right to make choices, and accurately describe services.

- **Truthful Marketing and Qualified Staff**

Marketing must be accurate and may never promise rewards for referrals. Staff must be properly trained and meet all required competency standards.

Please visit <https://www.pacodeandbulletin.gov/Displaypacode?file=/secure/pacode/data/055/chapter101/s1101.75.html> to view PA Code **§ 1101.75** in its entirety.

Thank you for your continued commitment to compliance and quality care.

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## Electronic Visit Verification (EVV) Compliance

Our ability to effectively ensure PHW participants are receiving approved services, and our participating providers are properly reimbursed for authorized care services depends on effective compliance. Beginning with dates of service on and after January 1, 2025, to meet State and Federal Electronic Visit Verification (EVV) compliance requirements, PHW providers must achieve 85% of EVV records for verified visits without manual edits on a quarterly basis for both personal care services (PCS) and home health care services (HHCS).

**Did you know?** PHW Homecare Providers who satisfy both a minimum of 90% EVV compliance rates and missed visits not to exceed .5% of scheduled visits, are eligible to receive a rate increase in the following six-month period.

- Qualifying 90% EVV Compliance Rating – Incentive: 1.75% Rate Increase
- Qualifying 95% EVV Compliance Rating – Incentive: 2.5% Rate Increase
- Qualifying 100% EVV Compliance Rating – Incentive: 3.0% Rate Increase
- Missed Visit Rating: No more than 0.5%

Providers who are not able to maintain a minimum quarterly EVV compliance rate of 85% or greater will be subject to corrective action up to and including contract termination.

- Contact Provider Relations to provide details of corrective actions planned to remediate your organization's EVV non-compliance by email to [PHWProviderRelations@pahealthwellness.com](mailto:PHWProviderRelations@pahealthwellness.com).

Should you have any questions or concerns regarding your Electronic Visit Verifications (EVV) compliance rating, please contact Provider Relations at [PHWProviderRelations@PAHealthWellness.com](mailto:PHWProviderRelations@PAHealthWellness.com).  
Carol Stream, IL 60132-3765



## Caregiver & Power of Attorney Rules Reminder

This is an important reminder of the following requirement of the Community HealthChoices (CHC) Program - Appendix C: Participant Services C-2: General Service Specifications (3 of 3) - **Provision of Personal Care or Similar Services by Legally Responsible Individuals** - which states:

*“A legally responsible individual is any person who has a duty under state law to care for another person and typically includes: (a) the parent (biological or adoptive) of a minor child or the guardian of a minor child who must provide care to the child or (b) a spouse of a waiver participant. Except at the option of the State and under extraordinary circumstances specified by the state, payment may not be made to a legally responsible individual for the provision of personal care or similar services that the legally responsible individual would ordinarily perform or be responsible to perform on behalf of a waiver participant.”*

[\\*https://www.pa.gov/content/dam/copapwp-pagov/en/dhs/documents/contact/dhs-offices/documents/oltl/oltl-waivers/CHC-1915c-Appendix-C.pdf](https://www.pa.gov/content/dam/copapwp-pagov/en/dhs/documents/contact/dhs-offices/documents/oltl/oltl-waivers/CHC-1915c-Appendix-C.pdf)

PA Health & Wellness (PHW) does not make payment to legally responsible individuals for furnishing Respite, Personal Assistance Services and Participant-Directed Services to Participants of the CHC Program. This restriction ensures a clear separation between decision-making authority and compensated care. This applies to the Participant-Directed Services model AND agency model of Personal Assistance Services (PAS).

This means that family members can provide Respite, Personal Assistance Services and Participant-Directed Services, however PHW will not pay for services furnished by the Participant's Spouse, Legal Guardian, Representative Payee, or Power of Attorney (POA). Otherwise, there are no restrictions on the types of family members who may provide Respite, Personal Assistance Services and Participant-Directed Services.

**Important!** Family members who provide Respite, Personal Assistance Services and Participant-Directed Services must meet the same Provider qualification standards as direct care workers who provide Respite, Personal Assistance Services and Participant-Directed Services to non-relatives.

Who CAN be a caregiver?	Who CANNOT be a caregiver in PA?
<p>A caregiver can be a family member or friend who is:</p> <ul style="list-style-type: none"><li><input checked="" type="checkbox"/> At least 18 years of age or older</li><li><input checked="" type="checkbox"/> NOT the Participant's spouse, POA, or payee.</li><li><input checked="" type="checkbox"/> At a minimum:<ul style="list-style-type: none"><li><input checked="" type="checkbox"/> Tuberculosis (TB) tested</li><li><input checked="" type="checkbox"/> A resident of Pennsylvania or a bordering-State to Pennsylvania</li><li><input checked="" type="checkbox"/> Criminal history check in accordance with 55 PA Code, Sections 52.19-52.20.</li><li><input checked="" type="checkbox"/> Child abuse clearance (as required in Appendix C-2-b)</li><li><input checked="" type="checkbox"/> Complies with 55 PA Code 1101</li><li><input checked="" type="checkbox"/> Fulfils training and certification rules</li></ul></li></ul>	<p>PHW will not pay for services furnished by:</p> <ul style="list-style-type: none"><li><input checked="" type="checkbox"/> A Participant's Spouse</li><li><input checked="" type="checkbox"/> A Participant's Legal Guardian</li><li><input checked="" type="checkbox"/> A Participant's Representative Payee</li><li><input checked="" type="checkbox"/> A Participant's Power of Attorney (POA)*</li><li><input checked="" type="checkbox"/> Anyone under 18 years old</li><li><input checked="" type="checkbox"/> Parents of their minor children</li><li><input checked="" type="checkbox"/> Spouses providing care for each other</li></ul>

\*<https://www.pa.gov/content/dam/copapwp-pagov/en/dhs/documents/contact/dhs-offices/documents/oltl/oltl-waivers/CHC-1915c-Appendix-C.pdf>

### Expired Appendix K Flexibilities

Effective May 11, 2023, the Office of Long-Term Living (OLTL) returned to normal, Pre-COVID, pre-emergency operations as approved in the CHC waiver. Spouses, legal guardians, and persons with power of attorney may no longer serve as paid direct care workers after May 11, 2023. <https://www.medicaid.gov/state-resource-center/downloads/pa-0386-0235-combined-appendix-k-appvl-17.pdf>.

### Reporting Suspected FWA

If you suspect that a Participant's caregiver is a spouse or POA, please report to PHW Fraud, Waste & Abuse (FWA):

- Email: [PHWFWA@PaHealthWellness.com](mailto:PHWFWA@PaHealthWellness.com)
- Call PHW's anonymous and confidential FWA Hotline: 1-866-685-8664

### For more information, please visit

- Freedom Care: <https://freedomcare.com/can-a-family-member-get-paid-to-be-a-caregiver-in-pennsylvania/>
- Legal Zoom: <https://www.legalzoom.com/articles/power-of-attorney-requirements-in-pennsylvania>
- Chosen Family Home Care: <https://www.chosenfamilyhomecare.com/pennsylvanias-chc-medicaid-waiver-a-guide-to-services-at-home/>
- Appendix C: Participant Services; Appendix C-1/C-3: Summary of Services Covered and Services Specifications: <https://www.pa.gov/content/dam/copapwp-pagov/en/dhs/documents/contact/dhs-offices/documents/oltl/oltl-waivers/CHC-1915c-Appendix-C.pdf>
- APPENDIX K: Emergency Preparedness and Response and COVID-19 Addendum: <https://www.medicaid.gov/state-resource-center/downloads/pa-0386-0235-combined-appendix-k-appvl-17.pdf>



## Provider Data Management Updates

PA Health & Wellness (PHW) is committed to maintaining accurate and up-to-date provider information for our Participants.

To ensure the integrity of our Find A Provider directory, please ensure the following:

- **Correct Contact Information**

Reported office phone numbers must be the numbers participants use to schedule appointments.

- **Timely Status Updates**

Notify PHW promptly of any provider status changes (e.g., leaving the group, retirement).

- **Accurate Specialties**

Ensure provider specialties are correctly listed in CAQH and/or NPPES.

- **Panel Updates**

Advise PHW of any changes to provider panels, such as age or gender restrictions, open or closed panels, or hat code (Primary Care Provider vs. Specialist).

- **Current Roster Template**

Use the most up-to-date roster template, which now includes reporting of treatments, modalities, and disorders. If you need a copy of the newest template, please email [phwproviderdata@pahealthwellness.com](mailto:phwproviderdata@pahealthwellness.com).

- **Recredentialing Requirements**

Recredentialing occurs every three years. CAQH must be attested every 60 days and remain current at the time of recredentialing.

Please report this information during enrollment and whenever provider status changes occur. **New enrollment requests require a minimum of 30-45 days for completion**, and we appreciate your patience during this process. All demographic updates, including billing address changes, should be sent to the Provider Data mailbox at: [PHWproviderdata@pahealthwellness.com](mailto:PHWproviderdata@pahealthwellness.com)

Thank you for your partnership in ensuring accurate provider information for our members.

## Self-Audit and Overpayment Refund Submission

Provider Self-Audit findings may also be disclosed to PA Health & Wellness using the online webform, located here: <https://www.pahealthwellness.com/providers/resources/provider-selfaudit.html>. 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





## CoC Bonus Program

Enhance outreach for annual visits, chronic disease management, & patient insights

### EXCITING ENHANCEMENTS COMING IN 2026!

- The CoC/CoC+ programs will be rebranded as Continuity of Care Plus (CoC+). The program will still feature 2 distinct incentive opportunities: Risk Adjustment (formerly CoC) and Comprehensive Insights (formerly CoC+).
- Similar to 2025, the 2026 Appointment Agendas will feature Comprehensive Insights including High Complexity, Quality, Clinical, and Drivers of Health.
- Availity RCV and CQV will sunset, effective 2/1/2026, and will no longer be a submission method for Risk Adjustment for 2026 Appointment Agenda completions.
- New provider-facing collateral will be available when the 2026 CoC+ program launches including the CoC+ flyer and CoC+ program guide.

### NOTE:

- The CoC+ program is in addition to our health plan's other provider compensation programs and does not replace them.
- Compensation amounts remain unchanged from the 2025 program (see tables below)
- All Appointment Agendas must be submitted by January 31, 2027 to qualify (eligible members must have a DOS by 12/31/2026).

### 2026 Comprehensive Insight Incentive Payout

Medicare \$150

Marketplace \$100

### 2026 Risk Adjustment Incentive Payout

Threshold % of Agendas Completed	Bonus Paid Per Paper Agenda Submission	Bonus Paid per Electronic Agenda Submission
<50%	\$50	\$100
≥50% TO 80%	\$100	\$200
≥80%	\$150	\$300

### 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 / Fax: (844)-608-0465

## Clinical Documentation Improvement (CDI) Q1 2026 Webinars

Learn more about: Risk Adjustment methodologies, Coding strategies, and Documentation best practices. Webinars are open to providers, non-physician practitioners, coders, billers, and administrative staff. Advance registration is required. Please utilize the corresponding registration link provided for each topic to register (links are unique to each webinar). To review the entire list of available webinars, scan the QR Code below.

### Topics include

- 2026 ICD-10 & Model Updates
- The Ins and Outs of Pediatric Risk Adjustment Coding
- Top Missed and Confusing HCC Codes with Case Studies
- The Importance of Accurate Documentation and Coding
- Unpacking Healthcare Risk Adjustment: A Deeper Dive
- ICD-10-CM Clinical Concepts for OBGYN
- The Ultimate Guide to Risk Adjustment Coding: The Basics Everyone Should Know
- Medicare Risk Adjustment: A Practical Guide
- Risk Adjustment Essentials Across Multiple Lines of Business
- Top HCC Codes for Primary Care with Case Studies
- Learning from HCC Coding Mistakes: A Path to Improvement



NEW On-demand Risk Adjustment Training for Providers available 24/7!



## 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, Waste, 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).

## 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.

## We can't wait to meet you!

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

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.



## Provider Updates

To stay informed about updates from PA Health & Wellness, please visit: <https://www.pahealthwellness.com/providers/provider-updates.html>

# Provider Newsletter



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

