Provider Newsletter

pa health & wellness | ambetter. FROM pa health & wellness | wellcare By allwell.

Summer 2024 - Volume 16

Membership Demographic and Interpreter Updates

Treating the whole patient – not only their conditions – is a major component of delivering quality healthcare. PA Health & Wellness offers you information and tools to help make that possible.

Member Demographics and Our Members

PA Health & Wellness members speak more than 42 languages, and the population grows more diverse each year. In 2023, 88.2% of State residents reported English as their preferred language, and 12.3% prefer another language, according to U.S. Census data. PA Health & Wellness also identifies 15 languages meeting a certain threshold among members in 2023. PA Health & Wellness's threshold languages include English, Spanish, Chinese, Vietnamese, Russian, Korean, Italian, Arabic, French, German, Gujarati, Polish, French Creole, Mon-Khmer, Cambodian, Portuguese

Working With Interpreters in Your Practice

To request an on-demand telephonic interpreter, please call Ambetter from PA Health & Wellness at 1-833-510-4727 (Relay 711), for a PA Health & Wellness participant, call Participant Services at 1- 844-626-6813 and provide your patient's Member ID number. Not sure of your patient's language? For Ambetter from PA Health & Wellness, go to our website at https://ambetter.pahealthwellness.com/, click on the member language found under "Language Assistance" in the footer at the bottom of the page. For a PA Health & Wellness participant, click on www.pahealthwellness.com, then click on "Language Assistance" in the footer at the bottom of the page and have the member point to their language. If it's not listed, you can work with the interpreter service to identify the right language. You may also find out a patient's language by logging on to our provider portal and downloading your Patient List, or by contacting our Member Services department at the toll-free number located on the back of the member's ID card. Using the speakerphone function is recommended for communication efficiency between you, your patient and the interpreter.

All participating PA Health & Wellness providers are required to comply with certain interpreter requirements.

- Providers must ensure that bilingual staff who act as interpreters are qualified and meet the quality standards, which includes documentation that the staff member's proficiency was assessed.
- Patients can never be required to bring their own interpreters.
- Minors may not interpret, even if their parent or other relative consents, unless there is an emergency and there is not a qualified interpreter immediately available.
- An accompanying adult may interpret if the patient agrees and if it is appropriate to the situation. Providers that use bilingual staff to communicate with patients must ensure that bilingual staff can interpret effectively, accurately, and to and from the language of the patient and English, using any necessary specialized vocabulary terminology and phraseology.

Providers are strongly encouraged to document in the medical record the use of family, friends, and minors as interpreters. If an interpreter is offered and the patient declines, the provider should also document this in the medical record.

Reach out to your provider relations specialist with PA Health & Wellness to learn more about these requirements, and how you can use them to make your relationship with your patients stronger and more effective.

Health Literacy

What is Health Literacy?

Health literacy is the degree to which an individual has the capacity to obtain, communicate, process, and understand basic health information and services. to make appropriate health decisions.

Why is health literacy important?

Only 12% of adults in the United States have proficient health literacy skills, and 1 in 3 U.S. adults have basic or below basic health literacy skills. Limited health literacy (LHL) affects everyone, regardless of racial and ethnic group, or education level.

Those with LHL often experience difficulty with common health tasks, such as following directions on a prescription drug label or deciphering childhood immunization schedules. LHL is linked to poor health outcomes, including higher rates of hospitalization and less frequent use of preventive services.

Who is at greatest risk for having LHL?

- Older adults.
- Racial and ethnic minorities.
- People with less than a high school degree or GED certificate.
- People with low income levels.
- Non-native English speakers.
- People with compromised health status.

Know your patients:

- Up to 80% of patients forget what their doctor tells them as soon as they leave the doctor's office.
- Nearly 50% of what patients do remember is recalled incorrectly.
- Patients may not ask questions because they are ashamed to admit they don't understand.

Signs your patient may have LHL

- Not getting their prescriptions filled or not taking medications as prescribed.
- Consistently arriving late to appointments.
- Returning forms without completing them.
- Requiring several calls between appointments.

Patients with LHL may make statements like:

- "I'll take this home for my family to read."
- "What does this say? I don't understand this."

Provider Updates

There have been many Provider Updates posted to our website already in 2024!

Please visit https://www.pahealthwellness.com/providers/provider-updates.html regularly to stay up to date on updates from PA Health & Wellness.

CoC (Continuity of Care)

A basic guide to reviewing and submitting 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**
  - **AND submit the same diagnosis code in the medical claim**
  - **OR 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 2024 face-to-face visit and should submit appropriate diagnosis codes for conditions the patient is currently presenting.

wellcare by allwell

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MEMBER NAME — Member Phone

Member DOB

TIN Name

Provider Name and ID :

2022 APPOINTMENT AGENDA - Use as a guide during the patient's visit.

Health Condition History / Continuity of Care

These conditions are based on claims submitted by providers and/or the member's medical history as of 1/7/2022. Please update diagnoses, as these conditions may no longer exist, their severity level may have changed, or they may have been replaced by other conditions.

Suspected Rx/Condition	Type	Source	Diagnosis	Active Diagnosis & Documented	Resolved / Not Present
Diabetes with Chronic Complications	Predictive Gap	ICD-10	E08.21 Diabetes mellitus due to underlying condition with diabetic nephropathy	☐	☐
Disorders of Immunity	Persistency Gap	ICD-10	D61.810 Antineoplastic chemotherapy induced pancytopenia	☐	☐
Metastatic Cancer and Acute Leukemia	Persistency Gap	ICD-10	C77.0 Secondary and unspecified malignant neoplasm of lymph nodes of head, face and neck	☐	☐

Persistency = DX Code(s) have appeared in prior claims — Predictive = Possible condition(s) based on prior claims

Care Guidance

Address and document the Care Gaps below. Care Gaps are closed by a claim, CPT, CPTII, HCPCS, DX codes or applicable documentation. For additional information, please reference your Care Gap Report.

No data returned for this view.

For questions on the Appointment Agenda form, please contact your Provider Representative.

All current Diagnoses and Care Gaps for 2022 dates of service must be documented in the patient's chart and submitted on claims.

Provider Signature : _____ Date : _____

Provider Printed Name : _____ Provider Credentials : MD, DO, PA, NP (circle one)

Sample

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 to
  - Agenda@centene.com
  - Fax: 1-813-464-8879

Questions?

- Want to know more information? We here at PHW have created a step-by-step guide for CoC provider portal navigation in the below link
    - https://www.pahealthwellness.com/providers/risk-adjustment.html
- At the bottom of this page, you will find Risk Adjustment tools and resources
    - Click "CONTINUITY OF CARE/HCC ACCURACY PROGRAM"
    - In this section, you will find a PDF with our Continuity of Care Provider Presentation with detailed instructions and images to aid in your agenda submissions.

Clinical Documentation Improvement (CDI) 2024 Webinars

Learn more about: Risk Adjustment Documentation and Coding

Each webinar includes an overview of Risk Adjustment (RA) and Hierarchical Condition Categories (HCCS).
To register *please visit https://www.pahealthwellness.com/providers/provider-training.html.*

Topics will include:

Annual Wellness Visit

Common HCC Coding Errors in Risk Adjustment

Risk Adjustment and Quality-HEDIS Documentation Best Practices How to

Improve Risk Adjustment Coding Accuracy

Coding for Vascular Conditions

Annual Wellness Visit

Risk Adjustment and Quality-HEDIS Documentation Best Practices

Unable to attend the live webinars?

Good news! We also have pre-recorded, on-demand webinars available. Please reach out to PHW_RiskAdjustment@PaHealthWellness.com for registration and webinar links.

Taking care of our members is our priority at Wellcare By Allwell, and we'd like to partner with YOU, their provider, to have the biggest impact on their health and wellbeing.

We understand that health care can be difficult for patients to navigate. Understanding and accessing all the available benefits can be challenging, but Wellcare is here to help.

Here are some tips Providers can take to help our shared members:

- The back of their Member ID Card lists many important phone numbers like Member Services, Nurse Advice Line, Dental, Vision and Transportation Services.
- Our website and member portal host plan benefit materials like their Evidence of Coverage and OTC/Healthy Foods Catalog. These materials provide detailed coverage information. We also email, text and mail various educational materials.
- It's important for Wellcare to have the member's current contact information. Dual Eligible Members should update their contact information with their County Assistance Office if they move, so we can receive updates from the State.
- Encourage members to complete their Health Risk Assessment and preventative screenings to get and stay healthy.

Here are some 2024 Wellcare By Allwell Benefits Highlights:

Wellcare Spendables™ is an easy-to-use benefit which combines an allowance on one Visa card that can be used at participating retailers, online, via mobile app, or by phone. Depending on the plan, the allowance can be used for: OTC, Healthy Foods, Gas (pay-at-pump), Rent and Utility Assistance and more.

EXPRESS SCRIPTS®

Express Scripts Pharmacy Mail Order Delivery is a convenient service that delivers up to a 100-day supply of medication directly to the member. ESI can even automatically refill and renew home-delivery prescriptions at no extra cost. Members can call 1-833-750-0201 (TTY:711) 24 hours a day, seven days a week. Or visit www.express-scripts.com/rx.

modivcare

Do your members need a ride to Doctor appointments? If the member is in a D-SNP plan, Wellcare provides rides to routine healthcare visits like doctors, specialists, and the dentist, at no extra cost. Various modes of transportation are available to meet each member's health needs. The transportation phone number is on the back of the member's ID card.

DentaQuest

DentaQuest: Keep them smiling! Wellcare offers coverage for several dental procedures, including preventative services at low or no copayment. Some plans even offer dentures and implants! Members can call the dental number on the back of their ID card or find a Dentist on our website Find-a-Provider Tool.

For questions, you and your patients can visit our website at www.wellcare.com/allwellPA or call:
Wellcare By Allwell
HMO, PPO: 1-800-977-7522
HMO, PPO D-SNP: 1-844-796-6811

Wellcare Provider-Patient Experience

WELLCARE UNDERSTANDS THAT THE PROVIDER-PATIENT RELATIONSHIP IS A KEY COMPONENT IN ENSURING EXCEPTIONAL HEALTHCARE AND SATISFACTION AMONG PATIENTS.

We are committed to partnering with our providers to deliver an outstanding patient experience. As a provider, you are the most critical component of that experience. We want to ensure that you know exactly how your patients are evaluating your care.

Consumer Assessment of Healthcare Providers and Systems (CAHPS) is a survey tool that asks patients to evaluate their experience with their health plan and at providers' offices. The following are the provider-influenced measures and their weight.

Impactable Program Measures

- Flu vaccine
- Care coordination
- Getting appointments and care quickly
- Getting needed care
- Rating of personal doctor
- Rating of health care quality

What we know:

Positive Patient Experience *Improves*

- Clinical outcomes.
- Care coordination.
- Patient engagement in their own care.
- Patient loyalty.
- Medication adherence.
- Ratings.

(continued)

For more than 20 years, Wellcare has offered a range of Medicare products, which offer affordable coverage beyond Original Medicare. Beginning Jan. 1, 2022, our affiliated Medicare product brands, including Allwell, Health Net, Fidelis Care, Trillium Advantage, and 'Ohana Health Plan transitioned to the newly refreshed Wellcare brand. If you have any questions, please contact Provider Relations.

By Allwell
By Fidelis Care
By Health Net
By 'Ohana Health Plan
By Trillium Advantage

Opportunities for improving your score:

Effective Patient Communication

- ✓ Make a personal connection and demonstrate empathy.
- ✓ Use simple, easy-to-understand wording that matches the individual patient's ability.
- ✓ Explain why tests, treatments, or referrals are necessary.
- ✓ Be proactive with timely post-care communication about test or lab results, and if results are posted in a patient portal, reach out quickly for the patient's questions.
- ✓ Demonstrate cultural sensitivity and use interpreter services if needed.
- ✓ Involve patients in decision-making and share goals for treatment.
- ✓ Discuss tobacco cessation and treatment options, when appropriate.

Enhance Care Coordination

- ✓ Review the patient's medical record for details before entering the exam room; patients are surveyed if their doctor knew their medical history.
- ✓ Receive prior authorization for care ahead of appointment.
- ✓ Review medications together.
- ✓ Ask patients about other doctors or specialists they have seen, and provide recommendations as needed.
- ✓ Encourage patients to make routine and follow-up appointments in advance.

Improve Access to Care

- ✓ Keep same-day appointment slots open for urgent visits.
- ✓ Provide clear instructions on how to access medical care after office hours, including extended hours, weekend availability, and use of urgent care centers.
- ✓ Expand the roles of non-physician staff, including medical assistants, physician assistants and nurse practitioners, to deliver care more resourcefully and sensitively.
- ✓ Implement daily office huddles to manage patient flow and maximize efficiency.

Flu Shot

- ✓ Help patients understand the value of the flu shot.
- ✓ Work with Wellcare on joint initiatives or programs that focus on flu education.
- ✓ Recommend your patients get flu vaccines.

Telehealth

- ✓ Improve access to care with virtual visits for established patients, when an in-office appointment may not be available right away, and create options for patients who may be unable or unlikely to come to an in-office appointment.
- ✓ Reduce healthcare costs.
- ✓ Improve the quality of care delivered by reducing hospital admissions and readmissions while advancing patient engagement.

Tips for Improving Patient Experience & Quality of Life

WHAT IS THE HEALTH OUTCOMES SURVEY (HOS)?

The Medicare Health Outcomes Survey (HOS) measures a Health Plan's success in improving and maintaining the functional status of our patients ages 65 and older. HOS is an annual survey that is conducted from July through November of a random sample of Medicare patients. The same patients are surveyed again two years later to assess changes in health status. HOS measures patients' perception of their physical & mental health and overall quality of life. HOS results impact Centers for Medicare & Medicaid Services (CMS) Star Ratings.

Ways you can impact HOS outcomes:

- Ask questions
- Remember each HOS measure addresses a different aspect of patient care and patient-provider interaction
- Encourage patients to take actions aligning with the HOS measures
- Encourage your office staff to help patients fill out the HOS (HOS is administered by phone & mail)

THERE ARE 5 STAR HOS MEASURES YOU CAN DIRECTLY IMPACT

STAR Measure 1— Improving or maintaining physical health

Assesses the percentage of patients whose physical health was the same or better after 2 years.

Recommendations:

1. Discussion Tips: Ask patients
   - How far they can walk
   - If they have trouble with stairs
   - Are they able to shop & cook their own food
2. Assess your patients' pain & functional status using standardized tools
3. Provide interventions to improve physical health (i.e. disease management, pain management, physical therapy, or care management)
4. Promote self-management support strategies (i.e. goal setting, action planning, problem solving & follow up to help patients take an active role in improving health)

STAR Measure 2— Improving or maintaining mental health

Assesses the percentage of patients whose behavioral health was the same or better after 2 years.

Recommendations:

1. Discussion Tips: Ask patients
   - How is their energy level throughout the day?
   - What do they like to do to socialize?
   - Does drinking ever get in their way of other important things in life?
2. Assess your patients' symptoms of depression with the PHQ-2 and, when appropriate PHQ-9
3. Refer patients to behavioral health services or manage depression & anxiety treatment as indicated
4. Promote web based programs (i.e. mystrength.com, which provides evidence- based behavioral health self care resources.)
5. Use motivational interviewing to improve treatment engagement & behavioral and physical health outcomes

STAR Measure 3—
Monitoring physical activity

Assesses the percentage of patients who discussed exercise with their health care provider and were advised to start, increase or maintain their physical activity within the year.

Recommendations:

1. Discussion Tips: Ask patients about their level of activity, including:
   - Walking, rolling wheelchair or swimming (Aerobic activities)
   - Carrying laundry, groceries or working in their yard (Strength activity)
2. Use motivational interviewing to improve treatment engagement & behavioral and physical health outcomes

STAR Measure 4—
Reducing risk for falling

Assesses the percentage of patients with falling, walking, or balance problems who discussed these topics with their care providers and received treatment within the year.

Recommendations:

1. Discussion Tips: Ask patients
   - If they had a fall in the past year
   - If they felt dizzy, or had problems with balance or walking in the past year
   - If they have any vision problems; when was their most recent eye exam
2. Complete a fall risk assessment & provide resources and treatment (i.e. referrals for care management, social worker, eye exam, have office staff verify health plan benefits for OTC)
3. Promote home safety (i.e. removal of throw rugs & clutter to reduce tripping, use of night lights, installing handrails on stairs & grab bars in the bathrooms)
4. Perform medication review to identify medications that increase risk for falls
5. Provide educational material about fall prevention (*visit cdc.gov/steadi/materials.html* for resources)

STAR Measure 5—
Improving bladder control

Assesses the percentage of patients with urinary incontinence (UI) who discussed problem & treatment options with their care provider.

Recommendations:

1. Discussion Tips: Ask patients
   - If they've had any leakage in the past 6 months (Patient may be hesitant to ask about this themselves)
   - How often & when the leakage problem occurs
   - If UI affects their daily life (i.e. social withdrawals, depression or sleep deprivation)
2. Evaluate the severity and impact of UI on the patient's quality of life and involve them in the decisions about treatment options (i.e. bladder training, pelvic muscle rehab)
3. Have informative brochures & materials visible and available as discussion starters

REMINDER:

Home Health Notice of Admission (NOA) Change

The Centers for Medicare and Medicaid (CMS) released several billing changes and updates for various Medicare services that took effect on January 1, 2022. As a valued Wellcare Health Plan provider partner, we want to remind you of how these changes impact your billing activities with us:

Effective January 1, 2022, CMS requires home health providers to submit one NOA via a type of bill (TOB) 32A form as an initial bill for home health services. This NOA covers contiguous 30-day periods of care, beginning with admission and ending with patient discharge.

Providers must then submit a TOB 0329 for the periods of care following the submission of the NOA. The NOA is not separately reimbursable but is required to process and calculate the reimbursement payment via the final bill submission of TOB 0329. **If this is not submitted within 5 days, penalty will be applied following CMS methodology**.

Per CMS regulation, providers must submit a NOA within the first five (5) calendar days of a period of care using TOB 32A. If the NOA is not received within 5 days of the admit date, 1/30th percent penalty/reduction will be applied to the final bill starting on the first date of admission

For more information, please see **Replacing Home Health Requests (PDF)**.

Thank you for continuing to provide our Medicare members with high quality and compassionate care.

If you have questions about any of these billing changes, please contact Provider Services.

About Our New NOP Report

The Notification of Pregnancy (NOP) is an essential component of complete prenatal care for patients, helping to identify risk factors as early in pregnancy as possible, and establishing a relationship between the patient, provider, and health plan team. By collating NOPs completed by our care management team, claims and lab data, we can identify members who are pregnant or likely pregnant and could benefit from a prenatal visit. To support our providers, we have established a real-time NOP reporting process through our Provider Analytics Portal.

Benefits of Using the New Report for Patients and Providers

- ✓ Patients who complete the NOP are three times more likely to be compliant with prenatal care and are less likely to have low-birth-weight babies.
- ✓ Helps providers and payers to meet the HEDIS® Prenatal Postpartum Care (PPC) Timeliness measure, which tracks the percentage of deliveries where patients had a prenatal care visit in the first trimester, on or before the enrollment start date or within 42 days of enrollment with their health plan.

What's included in the Report

The Provider Analytics NOP report provides the following information when available:

- ✓ Date the member was identified as pregnant.
- ✓ Estimated date the member is due to give birth.
- ✓ Member's name, date of birth, address, phone number, race, ethnicity and primary language. Member's Care Manager, the identified PCP and OBGYN, including their contact information.

This new report is updated daily within Provider Analytics, and your health plan partners can help address any questions you may have.

(continued)

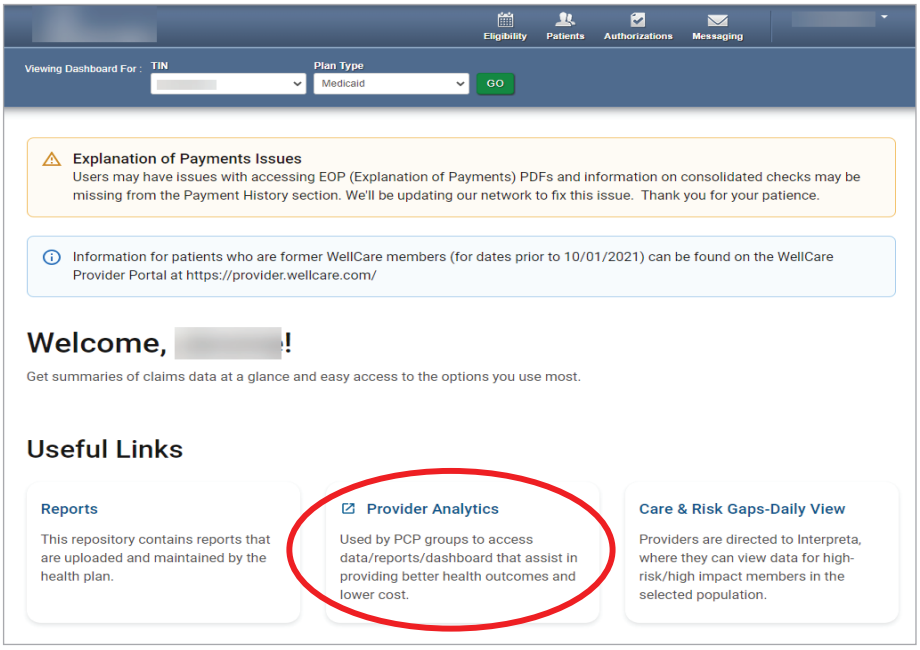
Key Features:

- Immediate access from the secure portal home page
- Simple user interface
- Daily updates
- Last refresh date is shown
- Links to communications and educational materials

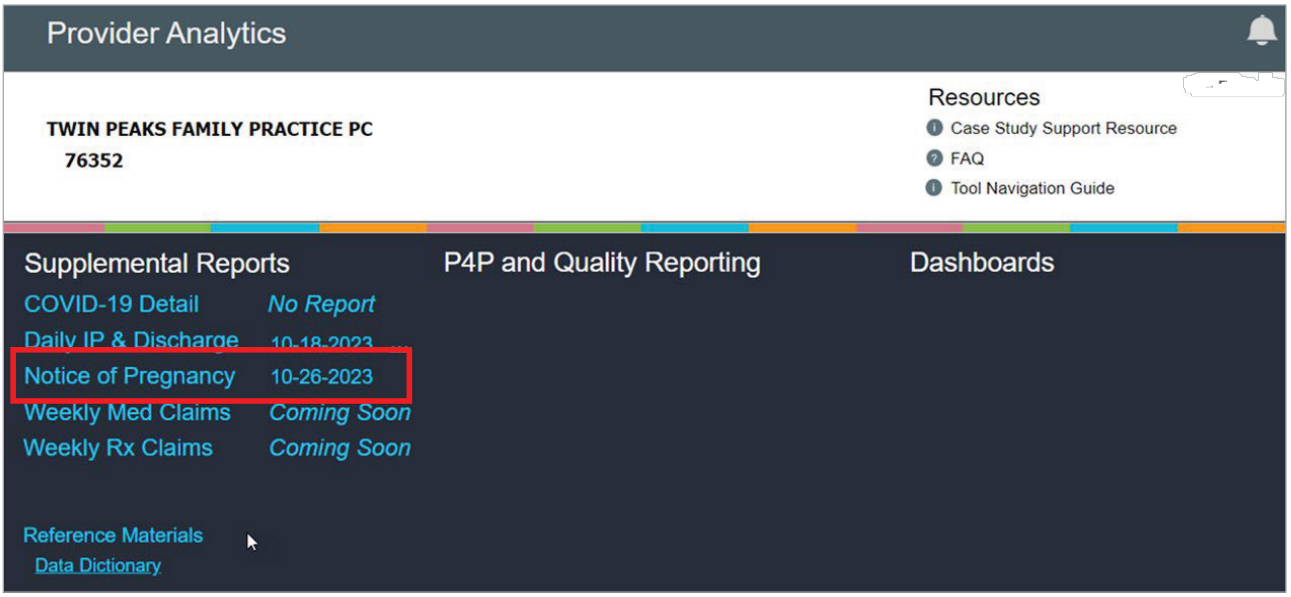
How to access the Provider Analytics Notification of Pregnancy (NOP) Report

1. Begin by logging in to our secure Provider Portal at: **<insert URL>**

2. Next, click on the *Provider Analytics* link:



3. From the Provider Analytics page, select *Notice of Pregnancy* to access the report. See Reference Materials and Data Dictionary for additional information.



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).

Model of Care Training is Required

The Centers for Medicare & Medicaid Services (CMS) requires health plans to provide annual education and training on our Special Need's Plans (SNP) Model of Care to providers who treat our SNP members. This applies to our Dual Eligible Special Needs Plan (D-SNP) members, who are eligible for both Medicare and Medicaid, and our Chronic Condition Special Needs Plan (C-SNP) members.

As stated in the Provider Manual, all providers who treat our SNP members regardless of network participation status must complete Model of Care (MOC) training annually by December 31 of each year.

The training is designed to help you better understand our approach to the delivery of care for SNP members.

How to Access the Training

The SNP MOC training is available for download and self-study at: https://www.pahealthwellness.com/providers/provider-training.html.

We appreciate the quality care you provide to our members and your support of our efforts to meet CMS regulations.

For additional information on how to work with our health plan to manage SNP members, please visit your state's provider Overview & Resources page at https://www.pahealthwellness.com/providers/resources.html. This site has links to the Provider Manual, Quick Reference Guides, Clinical Practice Guidelines, and much more.

Thank you for being our partner in good health.

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

The 2024 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
2024 HCBS Training Attestation
2024 Annual HCBS Training Handout (PDF)

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

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

Provider Newsletter

Summer 2024

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