

## INTRODUCING...



### David Berman

Dr. Berman joined PA Health & Wellness in June 2024 as a Medical Director. He was previously a Medical Director of Utilization at Temple University Hospital in Philadelphia and a practicing hospitalist and Associate Professor of Clinical Hospital Medicine. In his previous role, he operated a UM team of 15 nurses and coordinators and a handful of physicians, helping to integrate multiple smaller hospitals in the health system from MIDAS Care Management into Epic Revenue Cycle.

In his personal time, he is an avid grill master, enjoys wine, binge watching television shows, hiking, scuba diving, and travel. He and his wife, Lacy Sommer, who met in medical school, have a 3 year old boy named Julien.



### Nila Chauhan Brantley

Nila Chauhan is a Medical Director who joined PA Health & Wellness in July 2024. Previously, she worked in utilization management as a Medical Director for an outside MA plan while continuing to practice both clinically and on telemedicine platforms. Her experience with acute and post-acute case reviews grew into a passion for mentoring, efficiency development, and template optimization.

Nila lives in Maryland with her husband, who is also an emergency physician, their 9-year old daughter, and 12-year old rescue dog. She is an avid runner who enjoys marathon training, snowboarding, hiking, traveling, and discovering new restaurants. She is excited to share her skills with her colleagues and to continue her career growth at PHW!



WELCOME TO 



### 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.

# Save the Date FALL 2024

## PROVIDER SATISFACTION SURVEY

Our annual provider satisfaction survey will launch in the early fall 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.

Please keep an eye out for our survey in the coming weeks.



Scan the code for a preview of the PA Health & Wellness (PHW) Provider Satisfaction Survey

### Thank you to all who responded in 2023! We had more responses than ever before, here's what they had to say:

Over 60% of respondents would recommend PA Health & Wellness to another Provider. Would you?

Respondents reported being overall more satisfied with PHW compared to other plans they contract with.

**Finance Issues:** Providers reported being overall more satisfied with claims and reimbursement.

**Utilization Management:** Providers reported increased satisfaction with the prior authorization and adverse determination processes.

**Health Plan Call Center Staff:** Overall satisfaction with PHW's call center is up over 8%! Earlier this year PHW enhanced our Call Center to make it even easier to get your claims related questions answered.

**Provider Relations:** Over 40% of Providers reported knowing their PHW Provider Relations rep – have you met your rep? <https://www.pahealthwellness.com/providers/ProviderRelations.html>

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## Counting Down to HEDIS®

The final months of 2024 are upon us which is why PA Health and Wellness is preparing to begin our annual HEDIS® medical record review chase in 2025.

While HEDIS® is committed to increasing the capture of performance through digital and electronic means, certain measures require abstraction from medical records to report accurate data.

From February to April you may receive medical record requests from us to fulfill accrediting and regulatory requirements. HEDIS® timelines are short and it is essential for the prompt return of complete and comprehensive medical records.

Kindly share this information with all involved staff within your practice to ensure a smooth process and accurate reflection of the care and outcomes measured by your organization.

- Keep PA Health and Wellness updated with medical record contacts, fax numbers and special handling requirements.
- Respond immediately if you have no records for patients requested to avoid follow-up calls/faxes.
- Follow directions on the fax request to provide the required information.
- Understand that under the Health Information Portability and Accountability Act (HIPAA) Privacy Rule, data collection for HEDIS® is permitted and the release of medical record information does not require special patient consent or authorization
- Respond by the deadline, typically 7 days.

## Antibiotics Use



Antimicrobial resistance continues to be one of the top public health threats and was directly responsible for over 1 million deaths in 2019, globally.<sup>1</sup> Antibiotic overuse and misuse are root causes for the development of drug-resistant pathogens, which have had increased rates of infection in the United States since 2019.<sup>3</sup>

PA Health & Wellness works to partner with providers to mitigate the threats of antimicrobial resistance through prescriptive assessment of antibiotics. Two specific diagnoses monitored are Acute Bronchitis/ Bronchiolitis and Upper Respiratory Tract Infection, as they may not require antibiotics for treatment. Viral infections are the main culprit for these diagnoses, unless there is a competing comorbidity, such

as COPD, emphysema, and chronic bronchitis. One way that prescribers can partner with our team, is through communication of these comorbidities through claims as an ICD-10 (diagnosis coding).

Description	<ICD-10-CM> Diagnosis**
Chronic obstructive pulmonary disease	<J44.0, J44.1, J44.9, J47.0, J47.1, J47.9>
Emphysema	<J43.0-J43.2, J43.8, J43.9>
Chronic bronchitis	<J41.0, J41.1, J41.8, J42>

Our goal is to assist providers with recognition through communication, and to recommend best practice regarding antibiotics and claims coding around these prescriptions. As we work together to decrease the risk of resistance in Pennsylvania, we look forward to continuing our journey to become the best partner for you and your teams!

<sup>1</sup><https://www.who.int/news-room/fact-sheets/detail/antimicrobial-resistance>

<sup>2</sup><https://www.cdc.gov/antimicrobial-resistance/data-research/facts-stats/index.html>

<sup>3</sup><https://www.cdc.gov/antimicrobial-resistance/media/pdfs/antimicrobial-resistance-threats-update-2022-508.pdf>

## EMR Access Opt-in Program



We understand that your team manages multiple requests for medical records which increase administrative burden and take away time you spend with patients.

PA Health and Wellness wants to help by inviting your practice to opt-in to our EMR Access Program.

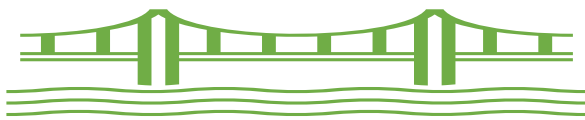
By opting-in into this program, PA Health and Wellness will have immediate access to our participant's medical records ensuring that our team can review documentation efficiently while allowing your staff to prioritize patients over paperwork.

For questions or additional information about the EMR Access Program please contact: Dawn Blake, HEDIS Manager [dawn.blake@pahealthwellness.com](mailto:dawn.blake@pahealthwellness.com).

## BRIDGE CARE GAPS WITH ACCURATE DOCUMENTATION

Accurate and concise medical record documentation is the “Bridge to Quality Compliance”. Medical record documentation errors can result in decreased Healthcare Effectiveness Data and Information Set (HEDIS®) scores. PA Health & Wellness providers must keep accurate and complete medical records. Such records will enable providers to render the highest quality healthcare service to participants. They will also enable PA Health & Wellness to review the quality and appropriateness of the services rendered.

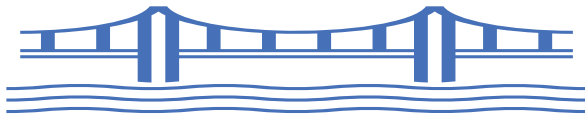
### NON-COMPLIANT MEDICAL RECORD DOCUMENTATION



#### COL-E

##### Colorectal Cancer Screening

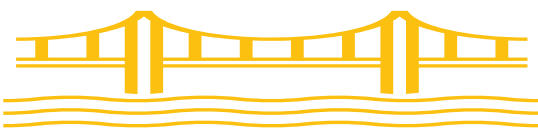
- Abbreviations: Cscope, Colon, Colo
- Documentation “Up to Date”
- Missing date of procedure or test
- “Colon Cancer Screening” alone



#### EED

##### Eye Exam for Patients With Diabetes

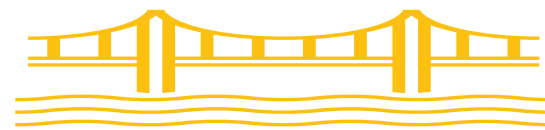
- “Eye exam current”
- Missing Eye Professional credentials
- “Eye Exam” alone
- “Unknown” result



#### CBP

##### Controlling Blood Pressure

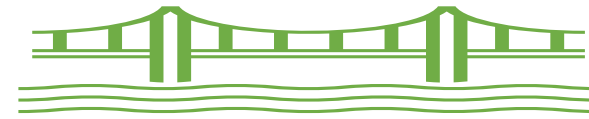
- BP ranges and thresholds
- BP > 140/90 without retake(s)
- No date and/or a result provided
- BP readings during in-patient or ER



#### BCS-E

##### Breast Cancer Screening

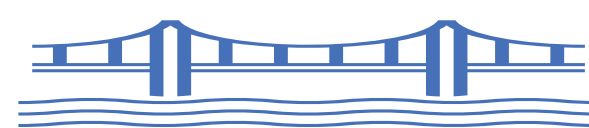
- No date of service provided
- Type of screening not indicated
- Unilateral/Bilateral not specified
- Breast biopsy, ultrasound, MRI



#### GSD

##### Glycemic Status Assessment Diabetes

- “Glyco” without any reference to A1c
- Threshold & ranges (<6.9, 5.6-7.0%)
- Missing Date: “A1c last visit was 7.0”
- No date and/or a result provided



#### BDP

##### Blood Pressure Control Diabetes

- “Approximate” or “Estimated” BPs
- BP > 140/90 without retake(s)
- No BP taken during visit
- Member reported non-digital device



## Partnering for Quality Care: Your Guide to Supplemental Data Submission Options

PA Health & Wellness’ dedication extends beyond improving the quality of care for our Participants... your patients. We ensure that our partnered providers have the tools they need to capture and showcase the incredible work they do. We understand that the right data, submitted in the right way, is key to driving performance and delivering top-tier care. **Here is how we can help you achieve your goals:**

### 1. EMR Access

- **Description:** We can work directly with your Electronic Medical Records (EMR) system to access the necessary data.
- **Benefit:** Seamless integration with your existing systems, minimizing manual effort on your part.
- **How It Works:** Grant us access to your EMR system, and we’ll handle the data extraction and submission process.

### 2. Supplemental Data Using Our Standard Template

- **Description:** Submit data using our predefined standard template.
- **Benefit:** Ensures data consistency and alignment with our system’s requirements.
- **How It Works:** Use our template to format your data and submit it directly to us for ingestion.

### 3. Flexible Data Extraction and Submission – Supplemental Data Using Custom Template

- **Description:** Extract the necessary data from your system in any format that’s convenient for you, and we’ll handle the formatting and submission.
- **Benefit:** Offers flexibility and reduces the burden of adhering to a specific format.
- **How It Works:** You provide the raw data, and our team will map it to our standard file layout, validate it, and submit it into our system.

### 4. Bi-Directional EMR Connection

- **Description:** Establish a bi-directional connection with your EMR system to enable real-time data exchange.
- **Benefit:** This setup allows for seamless integration, enabling us to retrieve medical records directly, close gaps more efficiently, and reduce the need for manual data submission. It also helps you track quality of care, meet benchmarks, and improve overall patient outcomes.
- **How It Works:** We connect our system with your EMR, allowing for both data retrieval and submission in real-time.

### 5. One-Time Historical File Submission

- **Description:** Submit a one-time historical file containing the necessary data.
- **Benefit:** A convenient, minimal-commitment option to close gaps before the end of the year.
- **How It Works:** Agree to submit a single file between 12/15 and 12/30/2024, which will be uploaded by 12/31/2024. We’ll onboard you for this process, ensuring a smooth submission.

### 6. Uploading Medical Records via Provider Portal

- **Description:** Upload medical record documentation directly via the provider portal you already have access to.
- **Benefit:** Convenient for providers who prefer to submit records manually, ensuring that necessary documentation is received without delays.
- **How It Works:** Log into the provider portal, upload the required medical records, and our team will handle the rest.

### Let’s Work Together to Elevate Care Quality

We’re committed to helping you capture the full extent of your work and improve performance. Together, we can make sure that every effort you put into patient care is recognized and rewarded. If you have any questions or need assistance in selecting the best option for your practice, we’re here to help.

# PA Health & Wellness, Wellcare By Allwell and Ambetter from PA Health & Wellness transitions to Availity Essentials

PA Health & Wellness, Wellcare By Allwell and Ambetter from PA Health & Wellness has chosen Availity Essentials as its new, secure provider portal. Starting **October 21, 2024**, you can validate eligibility and benefits, submit claims, check claim status, submit authorizations, and access PA Health & Wellness payer resources via Availity Essentials.



If you are already working in Essentials, you can log in to your existing Essentials account to enjoy these benefits for PA Health & Wellness' members beginning **October 21, 2024**:

- Use Availity Essentials to verify member eligibility and benefits, submit claims, check claim status, submit authorizations, and more.
- Look for additional functionality in PA Health & Wellness' payer space on Essentials and use the heart icon to add apps to **My Favorites** in the top navigation bar. Our current secure portal will still be available for other functions you may use today.
- Access Manage My Organization – Providers to save provider information. You can then auto-populate that information repeatedly to eliminate repetitive data entry and reduce errors.

If you are new to Availity Essentials, getting your Essentials account is the first step toward working with PA Health & Wellness, Wellcare By Allwell and Ambetter from PA Health & Wellness on Availity.

## Getting started: Designate an Availity administrator for your provider organization

Your provider organization's designated Availity administrator is the person responsible for registering your organization in Essentials and managing user accounts. This person should have legal authority to sign agreements for your organization.

HOW DOES THIS IMPACT ME?	WHAT IS MY NEXT BEST STEP?
<p><b>I am the administrator.</b> I am the designated Availity administrator for my organization.</p>	<p>Visit <a href="#">Register and Get Started with Availity Essentials</a> to enroll for training and access other helpful resources.</p>
<p><b>I am not the administrator.</b> I am NOT the designated Availity administrator for my organization.</p>	<p>Your designated Availity administrator will determine who needs access to Availity Essentials on behalf of your organization and will add user accounts in Essentials.</p>
<p><b>I am not sure.</b> I am not sure who will be the designated Availity administrator for my organization.</p>	<p>Share this information with your manager to help determine who will be the designated Availity administrator for your organization.</p>

## Check out some of the time-saving tools that come with an Availity Essentials account:

- Verify member eligibility and benefits, submit claims, check claim status, and submit authorizations.
- Look for additional functionality in PA Health & Wellness', Wellcare By Allwell's and Ambetter from PA Health & Wellness' payer space and use the heart icon to add apps to **My Favorites** in the top navigation bar.
- Save provider information in Essentials and auto-populate it to save time and prevent errors.

Join one of our upcoming free webinars, **Availity Essentials Overview for PA Health & Wellness** to learn additional tips for streamlining your workflow. We'll show you how to verify eligibility and benefits, submit claims, check claim status, submit authorizations, and more.

We're excited to welcome you to Availity Essentials, helping you transform the way you impact patient care with PA Health & Wellness. If you need additional assistance with your registration, please call Availity Client Services at 1-800-AVAILITY (282-4548). Assistance is available Monday through Friday, 8 a.m. – 8 p.m. ET. For general questions, please reach out to your PA Health & Wellness Provider Relations Representative.

# 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 Presented'

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.

**\*ALL conditions must be addressed for the agenda to be complete\***

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	<input type="checkbox"/>	<input type="checkbox"/>
Disorders of Immunity	Persistence Gap	ICD-10	D01.810 Antineoplastic chemotherapy induced pancytopenia	<input type="checkbox"/>	<input type="checkbox"/>
Metastatic Cancer and Acute Leukemia	Persistence Gap	ICD-10	C77.0 Secondary and unspecified malignant neoplasm of lymph nodes of head, face and neck	<input type="checkbox"/>	<input type="checkbox"/>

## Contact Information

- PHW 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

## 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, as well as other acceptable submission methods including vendor and EMR bi-directional feed solutions.



## 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
- Risk Adjustment and Quality-HEDIS Documentation Best Practices
- Navigating Neoplasm Coding
- Acute Conditions: The Impact on Risk Adjustment
- ICD-10 Updates

Please join the Clinical Documentation Improvement team, as they present on the HCC Model Changes V24 vs V28.

*This webinar series is different than the webinars that were presented in January 2024. This new series does a deep dive into how the changes affect different diseases found in the HCC changes.*

October 9, 12:00-1:00 EST  
<https://centene.zoom.us/join/joinMeeting/register/tJMcuCqT8pEtLiFszN36NhXYSoqQjJuzFP>

October 23, 12:00-1:00 EST  
<https://centene.zoom.us/join/joinMeeting/register/tJcpfuqtrTwtEt2qPwns8vGsPFNwIBibMCdL>

### Unable to attend live webinars?

- Good news! We also have pre-recorded, on-demand webinars available.
- Please reach out to [PHW\\_RiskAdjustment@PaHealthWellness.com](mailto:PHW_RiskAdjustment@PaHealthWellness.com) for registration and webinar links.

At Wellcare By Allwell, we want to help our members get the care they need, when they need it. Everything from routine care and screening to dental, vision, and much more.

Dual eligible members who are aligned with PA Health & Wellness for both Medicaid and Medicare experience the additional benefits of our D-SNP Medicare Advantage Plans which provide valuable “all-in-one” coverage.



### GOOD FOR YOU...



One claim= less paperwork



More patient care time



More efficient for practice staff



Improved patient health outcomes

### GOOD FOR YOUR PATIENTS...



Expanded drug coverage



Preventative Services



Lab Services



\$0 Monthly Premiums



One Call for Member Services



One Card to carry



Care Team to plan and coordinate care



Caregiver support



Dental Services including implants and dentures



Eyewear allowance every year



Hearing exams & hearing aids



Transportation to medical appointments



Wellcare Spendables™ is an easy-to-use Visa debit card which provides a monthly allowance that can be used at participating retailers, online, via mobile app, or by phone for the following benefits:

- Over-the-Counter (OTC) Health Products
- Healthy Foods
- Gas (pay-at-pump)
- Rent and utilities assistance

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)



## REDUCING THE STIGMA SURROUNDING MENTAL ILLNESS



**The stigma surrounding mental illness originates from fear or a lack of understanding.**

Inaccurate or misleading information contributes to both. Many in society still have a negative perception of mental illness. The stigma surrounding mental health not only affect those with a mental health illness, but also those who support and care for them.

### This stigma can result in a worsening of symptoms and result in:

- A reluctance to seek treatment
- Loss of hope
- Less self-esteem
- Worsen or increase psychiatric symptoms

- Trouble with relationships
- Non-compliance with treatment
- Difficulty at work

### These effects can lead to:

- Self-isolation
- Difficulty obtaining housing
- Fewer opportunities for employment, school or social activities
- Lack of family or friends understanding

- A belief that they cannot succeed or improve their current situation

Sources: American Psychiatric Association. (2024). Stigma, prejudice and discrimination against people with mental illness. *Stigma and Discrimination* (psychiatry.org)  
Wu, B. (2016). What you should know: Talking to your patients about their mental health. <https://www.studentdoctor.net/2016/03/15/know-talking-patients-mental-health/>

Continued on next page...



### How can you help your patients begin the dialog about the stigma associated with mental illness?

Use some of these following communication techniques:

- ✓ Practice active listening, focus on what the patient is saying and use good eye contact
- ✓ Speak with them person-to-person to help encourage participation in their care
- ✓ Avoid using highly technical medical terms or language
- ✓ Communicate at the patient's level of understanding
- ✓ Continue to build a relationship of trust
- ✓ Be nonjudgmental
- ✓ Validate the patient's feelings
- ✓ Be sensitive to the way the patient presents themselves, which may be signs of undisclosed mental illness. These signs may indicate the presence of a mental illness that the patient may be reluctant to discuss:
  - Unexplained chronic pain or fatigue
  - Recent changes in eating or sleeping patterns
  - Difficulties at work or school
  - Past or current use of drugs or alcohol

The use of the above communication techniques may help your patients to begin discussing their mental illness and bridge the barrier related to its stigma.

## IMPROVING PATIENT ENGAGEMENT IN BEHAVIORAL HEALTHCARE



### The RESPECT Model

- R** – Rapport
- E** – Empathy
- S** – Support
- P** – Partnership
- E** – Explanations
- C** – Cultural Competence
- T** – Trust

### Why is patient engagement important in behavioral healthcare?

- ✓ **Engaging the patient and caregiver** is important to improve health outcomes and support individual treatment plans.
- ✓ **Individuals' desire to be engaged in decisions** regarding their healthcare.
- ✓ **Those engaged as active decision-makers** in their healthcare tend to be healthier, and experience improved outcomes.
- ✓ **Engagement increases health literacy**, adherence to treatment, functional status, and faster recovery.
- ✓ **Reduces the risk for rehospitalization**, medical errors, and suffering health consequences from poor communication among providers.

**What can you do to help increase patient engagement?** One way to do this is to follow the RESPECT Model.

### 1 Rapport

- Understand how respect is shown through verbal and nonverbal communication within given cultural groups.
- Attempt to connect on a social level.
- Validate the patient and family's point of view.
- Suspend judgement and avoid making assumptions.

### 2 Empathy

- Express verbally and nonverbally, the significance of each patient's concerns so that he or she feels understood.
- Focus on patient goals.
- Seek out and understand the patient's rationale for behaviors and illness.
- Acknowledge the patient's feelings.

### 3 Support

- Recognize how class, race, ethnicity, gender, education, socioeconomic status, sexual and gender orientation, immigrant status, community, family, gender roles, and so forth affect care.
- Address social determinants and drivers of health.
- Involve family/care givers or patients' identified support.
- Reassure your patient that you are and will be available to help.

### 4 Partnership

- Acknowledge the power differential between patients and providers.
- Let your patient know you will work together to find solutions and resolve challenges.

### 5 Explanations

- Devote time in treatment to understanding how patients perceive their presenting concerns. How similar or different is your perspective?
- Check with your patient often during the conversation to assess understanding.
- Use verbal clarification techniques.

### 6 Cultural Competence

- Respect your patient and their cultural beliefs.
- Practice cross-cultural awareness and inter-cultural communication; being open to unfamiliar attitudes and behaviors.
- Learn intercultural communication skills and ways to respond to cultural differences.
- Know your limitations in addressing behavioral health concerns cross culturally, with the ability to shift focus and seek guidance when your approach is not working.

### 7 Trust

- Commit to behaviors that enhance the therapeutic relationship.
- Recognize that trust is not inherent but must be earned by medical and behavioral health clinicians.
- Recognize that self-disclosure may be difficult for some patients; consciously work and take time to establish trust.

Respect Model. Retrieved 6/10/2024. <https://thinkculturalhealth.hhs.gov/assets/pdfs/resource-library/respect-model.pdf>

Patient Engagement in Mental Health: Strategies to Improve Care. Retrieved 6/10/2024. <https://psychu.org/wp-content/uploads/2016/06/Patient-Engagement-In-Mental-Health-Strategies-To-Improve-Care.pdf>

The Ultimate Guide to Clinical Communication between Staff and Patients. Retrieved 6/7/2024. [The Ultimate Guide to Clinical Communication Between Staff and Patients \(wellbe.me\)](https://www.wellbe.me)



## CAHPS® EXPERIENCE OF CARE AND HEALTH OUTCOMES (ECHO) SURVEY

Appropriate patient care is essential to the overall health of the ones we serve. Annually, NCQA directs health plans to conduct a survey about the member's experience with behavioral health services. The ECHO Behavioral Health Member Experience Survey measures members' experiences and identifies opportunities for health plans and providers to improve quality of care and access to mental health and substance abuse services.

Your patients may be asked the following questions. How do you rate?

Composite Measures	Sample Questions
Getting Treatment Quickly	<ul style="list-style-type: none"> <li>How often did you get the professional counseling you needed on the phone?</li> <li>When you needed counseling or treatment right away, how often did you see someone as soon as you wanted?</li> <li>Not counting the times, you needed counseling or treatment right away, how often did you get an appointment for counseling or treatment as soon as you wanted?</li> </ul> <p> Always, Usually, Sometimes, Never</p>
How Well Your Clinician Communicates	<ul style="list-style-type: none"> <li>How often did the provider listen carefully to you?</li> <li>How often did the provider explain things in a way that you could understand?</li> <li>How often did the provider show respect for what you had to say?</li> <li>How often did the provider spend enough time with you?</li> <li>How often were you involved as much as you wanted in your counseling or treatment?</li> </ul> <p> Always, Usually, Sometimes, Never</p>
Information About Treatment Options	<ul style="list-style-type: none"> <li>Were you told about self-help or support groups?</li> <li>Were you given information about different kinds of counseling or treatment that are available?</li> </ul> <p> Yes, No</p>

Composite Measures	Sample Questions
Access to Treatment and Information from Health Plan	<ul style="list-style-type: none"> <li>How much of a problem, if any, were delays in counseling or treatment while you waited for approval from your health plan?</li> </ul> <p> A big problem, A small problem, Not a problem</p>
Single Item Measures — Sample Questions	<ul style="list-style-type: none"> <li>How often were you seen within 15 minutes of appointment time?</li> <li>Were you told about medication side effects?</li> <li>Were you given information about your rights as a patient?</li> <li>Did you feel that you could refuse a specific type of treatment?</li> <li>Was your care responsive to cultural needs?</li> </ul>

### Provider Tips:

- Offer extended hours, telehealth, and various treatment options when possible.
- Let patients know your office hours and how to get after-hours care.
- Partner with the health plan and coordinate care with other specialists and primary care physicians to address whole person health and access to timely care.
- Assess culture and linguistic needs and ask your patients what is important to them.
- Offer to coordinate care with other specialists or primary care physicians.
- Obtain release of information forms and explain the purpose of releasing information to other providers.
- Include family/caregivers/identified support in the treatment plan.
- Invite questions and encourage your patient to take notes.
- Use the "teach-back" method.



## 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/smdl032207att2.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 \(PDF\)](#)

## MEET YOUR PROVIDER RELATIONS TEAM



**Mollie Lewis**

Project Manager, Provider Communications

[phwproviderrelations@pahealthwellnes.com](mailto:phwproviderrelations@pahealthwellnes.com)

1-844-626-6813

## 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



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



FROM

