

Electronic Visit Verification (EVV) Compliance

Effective with all dates of service on and after January 1, 2025, PA Health & Wellness (PHW) transitioned to a minimum of 85% EVV compliance requirements. This was a mandatory change, which is in line with both the state and federal requirements.

Did you know? PHW Homecare Providers who satisfy both a minimum of 90% EVV compliance rates and missed visits not to exceed 0.5% 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: 3.5% 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 organizations EVV non-compliance by email to PHWProviderRelations@PAHealthWellness.com.

Should you have any questions or concerns regarding your Electronic Visit Verifications (EVV) compliance rating provided, please contact your Provider Network Specialist, or email our Provider Relations team at PHWProviderRelations@PAHealthWellness.com.

One Time Change to Electronic Verification Visit Value Based Program



There is a one-time change to our Value Based Electronic Visit Verification (EVV) program. The Review Periods for our EVV/Missed Visit Value-Based Program and Care Insights Value-Based Program is being adjusted. The upcoming measurement period of May 1, 2025 - October 31, 2025 will be shortened by a month to May 1, 2025 - September 30, 2025. The award period will remain with a start date on January 1, 2026. This change will allow our teams to ensure that all necessary systems are updated with correct information in a timely manner. **The new Review Periods with corresponding Award Periods are as follows:**

Review Periods	Award Periods
May 1, 2025 – September 30, 2025**	January 1, 2026 – June 30, 2026
October 1, 2025 – March 31, 2026	July 1, 2026 – December 31, 2026

Note: You are not required to do anything additional. If you have any questions regarding your Value-Based Program performance or payment, please contact your Provider Network Specialist or email Provider Relations at PHWProviderRelations@PAHealthWellness.com.

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

The 2025 HCBS Provider Training is available now! This is an annual training requirement for all HCBS Providers contracted with PA Health & Wellness (PHW) 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. Visit <https://www.pahealthwellness.com/providers/provider-training.html> for more information, training registration and to complete your attestation.

Did You Know... Employment is a Driver of Health

Why? ► Employment can provide greater financial access.

- It can help provide stable housing and nutrition security.
- It can support social connections and foster opportunities to enjoy vacations.
- It has the potential to provide purpose, a structured routine, and greater access to healthcare.
- When we talk about employment here at PA Health & Wellness, we are referring to quality and sustainable employment that meets the needs and interests of the individual to live the life they want.
- When someone is unemployed, they tend to report feelings of depression, anxiety, low self-esteem, physical pain, and more. They also tend to experience more stress-related illnesses such as high blood pressure, heart disease, stroke, and arthritis.

Here are 3 immediate ways you can elevate how you address this driver of health:

- 1 Review your intake paperwork and/or daily documentation. How does it help you understand the person's employment status and potential needs? Could you determine the employment rate of those you serve?
- 2 Learn about the Employment First Act signed in 2018 which ensures that any entity providing publicly funded services prioritizes employment for all, including those with significant disabilities. You can also attend the Employment First Oversight Commission's public meetings.
- 3 Celebrate National Disability Employment Awareness Month in October to not only honor the contributions of those with disabilities in the workforce, but also to debunk myths and misconceptions about people with disabilities and work. If you're interested in thoughtful planning or want to be connected to more learning, contact Theresa.Kody@PAHealthWellness.com.

Community HealthChoices

For Long-Term Services & Supports (LTSS) Participants, we offer additional supports to assist along their employment journey. This includes, but is not limited to streamlined referral support to and communication with PA Office of Vocational Rehabilitation (OVR), connections to PA CareerLink® and other workforce development programs, and HCBS Employment Services:

- **Employment Skills Development**
- **Career Assessment**
(OVR must be exhausted first)
- **Benefits Counseling**
- **Job Finding and Job Coaching**

If your organization is currently qualified to provide one or more of the aforementioned services and you are not yet connected to our additional supports, contact Theresa.Kody@PAHealthWellness.com.



For more general information, resources, and events, visit

<https://www.pahealthwellness.com/community/SocialDeterminantsofHealth/EmploymentResources.html>

Source: <https://odphp.health.gov/healthypeople/priority-areas/social-determinants-health/literature-summaries/employment#:~:text=Those%20who%20are%20unemployed%20report,8%20worry%2C%20and%20physical%20pain.&text=Unemployed%20individuals%20tend%20to%20suffer,%2C%20heart%20disease%2C%20and%20arthritis>



Health Outcomes Survey

The Centers for Medicare & Medicaid Services (CMS) Health Outcomes Survey (HOS) gathers patient-reported health outcomes annually from members/patients ages 65 and older enrolled in Medicare Advantage plans to support quality improvement activities and improve the overall health of members. The HOS assesses the ability of a Medicare Advantage organization, in partnership with providers, to maintain or improve the physical and mental health of its members over time. Collectively, these surveys assess patients' experience with their providers in coordinating and managing their care. Selected members/patients will begin receiving the survey at the end of July with data collection happening through November.



HOS Measures included in Medicare Part C Star Ratings

- Management of Urinary Incontinence in Older Adults
- Physical Activity in Older Adults
- Fall Risk Management
- Improving or Maintaining Physical Health
- Improving or Maintaining Mental Health

Your Role in the HOS

- Ensure your patients have access to regular appointments.
- Provide timely care and follow up consistently.
- Talk with your patients about difficult issues, such as mental health, balance concerns, bladder control, and physical activity.



Power of Attorney Rules Reminder

When assisting Participants with service enrollment, reassessing quality of care creating, or creating a care plan, please remember the rules regarding Power of Attorney (POA) under Pennsylvania's CHC program.

In Pennsylvania, individuals holding a POA for a CHC Participant (including spouses) cannot be paid caregivers under the CHC program, which works with Medicaid Waivers for seniors and adults with disabilities. This restriction ensures a clear separation between decision-making authority and compensated care.

Participants may appoint multiple POA's to act jointly or designate a successor agent to step in if the original POA can no longer serve. It's important to confirm POA status during care planning to ensure compliance.

For more information, please visit the following links:

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/>



Comprehensive Diabetes Care

Comprehensive Diabetes Care (CDC) involves a multi-faceted approach to managing diabetes and preventing its complications. It focuses on key quality metrics and patient-centered strategies:

Key Quality Metrics:

Hemoglobin A1c (HbA1c) Testing: This indicates long-term blood sugar control.

- Target: Individualized based on patient risk and goals, but typically less than 8.0%.
- Testing Frequency: Every 3-6 months.

Blood Pressure Control: Maintaining blood pressure below 140/90 mmHg is crucial for preventing cardiovascular complications.

- Target: Below 140/90 mmHg; however, guidelines have shifted towards a more stringent target of <130/80 mmHg based on recent evidence.

Retinal Eye Exam: Screening for diabetic retinopathy helps detect and manage vision problems caused by diabetes.

- Frequency: Annually, or more frequently if issues are detected.

Nephropathy Monitoring: Regular evaluation of kidney function helps prevent or delay diabetic kidney disease.

- Screening Tests: Urine albumin to creatinine ratio (UACR) and estimated glomerular filtration rate (eGFR).
- Frequency: Annually, or more frequently if issues are detected.

Foot Exam: To check for neuropathy, poor circulation, and other foot complications.

- Frequency: Annually, or more frequently if issues are detected.

Patient-Centered Approach:

- **Patient Education & Empowerment:** Equip patients with knowledge about their condition, self-management skills, and the importance of adherence to treatment plans.
- **Personalized Treatment Plans:** Tailor treatment to individual needs, preferences, and lifestyle, including medication management and lifestyle modifications.
- **Lifestyle Modifications:** Emphasize the importance of healthy diet, exercise, weight and stress management.
- **Regular Monitoring and Follow-up:** Implement a regular monitoring schedule to assess overall health, adjust treatment plans, and identify potential issues early.
- **Early Detection and Intervention:** Timely screening for diabetes risk factors and educating patients about signs and symptoms allows for early intervention.
- **Mental Health Support:** Address the emotional and psychological aspects of living with diabetes, such as anxiety and depression.
- **Building a Support System:** Encourage patients to seek support from family, friends, healthcare professionals, and support groups.



Blood Pressure (BP) Reading 140/90 or Greater?

Controlling Blood Pressure

Documentation Improvement Tips:

- **TAKE 2.** If the member's initial BP is elevated (140/90 mmHg or greater), retake and document the BP reading after they have had time to rest.
- If reading remains elevated, ensure the member follows up for BP check.
- Document exact BP readings.
- Do not round up BP readings. Ranges and thresholds are not acceptable.
- Include BP CPT II codes to increase compliance administratively and potentially decrease chart review.



Most recent diastolic blood pressure less than 80 mm Hg	CPT®/CPT II	3078F
Most recent diastolic blood pressure 80-89 mm	CPT®/CPT II	3079F
Most recent diastolic blood pressure greater than or equal to 90 mm)	CPT®/CPT II	3080F
Most recent systolic blood pressure less than 130 mm Hg	CPT®/CPT II	3074F
Most recent systolic blood pressure 130 to 139 mm Hg	CPT®/CPT II	3075F
Most recent systolic blood pressure greater than or equal to 140 mm Hg	CPT®/CPT II	3077F

Cervical Cancer Screening

Documentation Improvement Tips:

- Medical Record documentation **MUST** specify the date and result of test.

Acceptable Documentation of Hysterectomy

(Evidence of procedure with no residual cervix)

- Simple Hysterectomy
- Total Hysterectomy
- Full Hysterectomy
- Vaginal Hysterectomy
- Laparoscopically Assisted Vaginal Hysterectomy (LAVH)

NOT Acceptable:

- Documentation of hysterectomy alone.



Continuity of Care (CoC) + Bonus Programs

Enhance outreach for annual visits and chronic disease management

Agenda, Member & Provider Details

Components of an Appointment Agenda

Additional headers for Member Gap and Insights

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

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

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

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

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

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

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

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

2025 CoC+ Incentive Payouts

The submission deadline for CoC+ has been extended to January 31, 2026, with a DOS by December 31, 2025.

Medicare \$150
Marketplace \$100

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

The submission deadline for CoC+ has been extended to January 31, 2026, with a DOS by December 31, 2025.

Contact Information

- Please reach out to 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: 1-813-464-8879

Clinical Documentation Improvement (CDI) 2025

Learn more about: Risk Adjustment, Coding and Documentation Education

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

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

Good News! Continuing Education Units (CEU) are available for certain webinars!

Topics include:

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



Effective September 1, 2025, PA Health & Wellness will expand its partnership with Evolent to provide utilization management for Wellcare by Allwell (Medicare) and Ambetter from PA Health & Wellness (Marketplace) members. Please view the full notification for information on included services and prior authorization requirements located on the PHW website here: <https://www.pahealthwellness.com/providers/provider-updates.html>.

Wellcare by Allwell Model of Care 2025 now available!

The Centers for Medicare & Medicaid Services (CMS) require health plans to provide annual education regarding our Special Needs Plan (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 our provider manual, all providers who treat our SNP members, regardless of network participation status, must complete Model of Care (MOC) training annually by Dec. 31. Please visit <https://www.pahealthwellness.com/providers/provider-training.html> for full Model of Care document and to complete required attestation.



At **Wellcare by Allwell**, we're committed to ensuring patients get the care they need—without the hassle. That's where our Dual Eligible Special Needs Plans (D-SNP) come in. When members align with PA Health & Wellness for both Medicare and Medicaid, they unlock seamless, all-in-one coverage with added benefits designed to improve health outcomes and streamline coordination for providers like you.

This isn't just great for your patients—it's good for your practice too. Fewer administrative barriers mean you can focus on what matters most: **delivering quality care.**

Get Better.
Together.



pa health
& wellness



By allwell.™



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



Preventive
services



More rides to
doctors appointments



Lab services



One call for
customer services



One care
to carry



Care team to plan
and coordinate care



No additional
cost



Caregiver
support

Wellcare Spendables Card

This convenient Visa debit card provides a monthly allowance that makes everyday essentials more accessible. With it, they can shop at participating retailers, online, through a mobile app, or by phone for these valuable benefits:



- **Over-the-Counter (OTC) Health Products** – Stock up on everyday wellness items
- **Healthy Foods** – Access nutritious options to support a balanced diet
- **Gas (Pay-at-Pump)** – Keep moving without the stress of fuel costs
- **Rent & Utilities Assistance** – Help with essential living expenses

Don't let these benefits go unused! Any remaining balance expires at the end of the plan year, so encourage your patients to make the most of it. When members complete preventative care activities, they can earn rewards!

In your My Wellcare Rewards portal, you will see a new points-based reward program that is based on your list of healthy activities. Earning and collecting points for rewards is easy!

How to Use the Points Program

To redeem rewards, members must register for the program and self-attest to eligible actions. Members will earn points for each eligible activity they complete, and can redeem those points for gift cards once they reach at least 500 points. Members can earn up to a maximum of 2,500 Points. The points structure is:

500 Points =

\$10

1,000 Points =

\$25

2,500 Points =

\$75

Healthcare Activity	Reward Value	Reward Type
Annual Wellness Visit	300 Points	Self-Attestation
Annual Flu Vaccine	50 Points	Self-Attestation
Breast Cancer Screening	400 Points	Self-Attestation
Diabetes Eye Exam	200 Points	Self-Attestation
Diabetic HbA1c Testing	20 Points	Self-Attestation
Osteoporosis Management for Women	250 Points	Self-Attestation
Colon Cancer Screening	Up to 400 Points	Self-Attestation
Engagement or Wellness Activity	Reward Value	Reward Type
First-Time Portal Registration or Log-in	50 Points	Upon registration with email address or first log-in every year
Health Risk Assessment	400 Points	Upon completion of the HRA within 90 days

Chart does not include all eligible activities

We remain dedicated to working alongside you to ensure your patients receive the highest quality of care.
For any questions, please visit www.wellcare.com/allwellPA or contact us at Medicare Provider Services:
HMO, PPO: 1-800-977-7522 (TTY: 711) | **HMO, PPO D-SNP:** 1-844-796-6811 (TTY: 711)



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

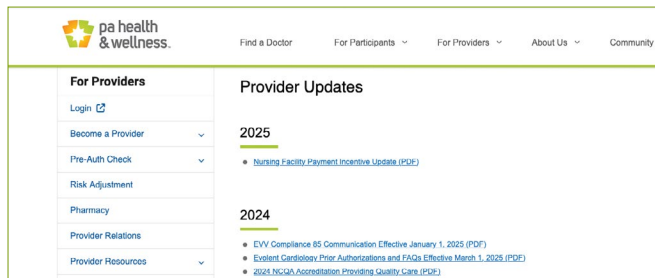
You may remain anonymous if you prefer. All information received or discovered by the Special Investigations Unit (SIU) will be treated as confidential, and the results of investigations will be discussed only with persons having a legitimate reason to receive the information (e.g., state and federal authorities, corporate law department, market medical directors or senior management).



Provider Updates

Please visit the website regularly for updates:

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



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

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>

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
 - Any recorded message must be provided in English and Spanish, if the Provider's practice includes a high population of Spanish speaking Participants
 - A voice message that provides a second phone number that is answered

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

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



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

