



With
 pa health
& wellness

Medicare-Medicaid Alignment Changes: What Providers Need to Know

CMS is increasing coordination between Medicare and Medicaid for people who receive benefits through both programs.

What is changing?

Beginning in 2027, new requirements for certain Dual Eligible Special Needs Plans will strengthen coordination between Medicare and Medicaid coverage. Additional alignment changes will continue through 2030.

As the alignment landscape evolves, providers may encounter different integrated plan models. Understanding how a patient's coverage is organized can help providers connect patients with the appropriate care coordination and service resources.

Why alignment matters

Better-aligned Medicare and Medicaid coverage is intended to support a more connected experience across medical care, behavioral health, long-term services and supports, and other services. Providers may also see more coordinated processes related to billing, authorizations, eligibility, and transitions of care.

What providers can do now

- Verify Medicare and Medicaid coverage and eligibility.
- Confirm participating provider and care-team information.
- Connect patients with care management or service coordination resources.
- Encourage patients to respond promptly to Medicaid renewal requests.
- Direct benefit, network, eligibility, enrollment, and plan-selection questions to approved plan resources.

The CMS regulation in its entirety and CMS FAQs regarding this update can be found at the links below:

- [eCFR :: 42 CFR 422.514 -- Enrollment requirements.](#)
- <https://www.cms.gov/files/document/cy2025madsnpsfaqs.pdf>

Please continue to watch our [Understanding Dual Alignment](#) webpage for education and training updates regarding these changes. Additional educational resources will be available to help providers understand Medicare-Medicaid alignment and support dual-eligible members.

Preparing for Respiratory Illness Season



Respiratory illness season brings familiar challenges for practices and care teams. Patient volumes increase, phones ring more often, schedules fill quickly, and distinguishing between flu, RSV and COVID-19 can be difficult when symptoms overlap. At the same time, you are helping patients navigate questions about prevention while ensuring those at highest risk receive timely care. As you prepare for the season ahead, we're sharing resources and approaches that may help support your efforts to keep patients healthy and informed.

Ways to Prepare

- Consider creating standing orders so that others on your team may vaccinate patients without your direct order.
- Add reminders and follow-ups in patients' EHR/EMR — both for yourself and for your patients.
- Think of a time or event that happens in every appointment where you can check in with your patients about their vaccine status.

Sharing Your Recommendations

Your relationship with your patients is one of trust, and your conversations are impactful. Please speak openly with your patients about vaccines to help them decide what protection is best for them. A clear suggestion, paired with factual safety information and a compassionate discussion, can help patients feel more comfortable making decisions about vaccination.

Refer to The Agency for Healthcare Research and Quality's SHARE Approach to help guide collaborative conversations with patients. This model has been trusted by clinicians since its introduction in 2014 and was last reviewed as recently as February 2026:

- **SEEK** your patient's participation.
- **HELP** your patient explore and compare treatment options.
- **ASSESS** your patient's values and preferences.
- **REACH** a decision with your patient.
- **EVALUATE** your patient's decision.

Following Up

If you see a patient multiple times you are encouraged to continue to check in on their status. If your patient chose not to get vaccinated during their last appointment, it's a good idea to ask whether they've received their vaccine since then. A quick conversation about where and when they got vaccinated can help ensure their records are up to date.

We've Got Your Back

You're committed to keeping patients healthy, and we are here to support you and your practice in your efforts.

For PA Health & Wellness Participants you can rest assured that:

- No prior authorization is needed for preventive vaccines
- Access to our 24/7 Nurse Advice Line is provided at no cost
- Virtual care visits are covered
- Reliable health information is available around the clock from WebMD at healthplan.healthhub.org/

Questions? PA Health & Wellness is here to help answer your questions. Call us at **1-844-626-6813** (TTY 711).

Pennsylvania Measles Outbreak Reaches Historic Levels

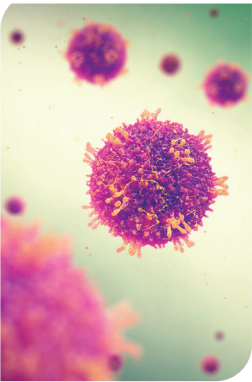
Pennsylvania is experiencing its largest measles outbreak in more than 30 years, with sustained transmission now reported across the Commonwealth and well beyond the initial outbreak area in Lancaster County.¹ Providers should remain alert for possible cases and ensure patients are up to date on MMR vaccination recommendations.

The virus spreads through airborne droplets and can remain suspended in the air for up to two hours after an infected person leaves an area.² Individuals with measles are contagious from four days before until four days after rash onset.³

Clinical Recognition

Maintain a high index of suspicion for measles in patients presenting with:⁴

- Fever, often exceeding 104°F
- Cough
- Coryza (runny nose)
- Conjunctivitis (red, watery eyes)
- Generalized maculopapular rash beginning on the face and spreading downward



Populations at Highest Risk for Severe Disease and Complications

Severe measles complications are more likely among infants < 12 months, pregnant and immuno-compromised persons, and unvaccinated adults.⁵ Individuals with underlying conditions, including chronic respiratory or cardiovascular disease, may also be at increased risk for serious outcomes if infected.⁶

Providers should maintain heightened vigilance for measles in these populations and promptly assess immunity status, exposure history, and eligibility for post-exposure prophylaxis. Every patient encounter with individuals who have chronic conditions, disabilities, or frequent healthcare utilization is an opportunity to review vaccination status and recommend appropriate immunization.⁷

Testing and Reporting Protocol When Measles Is Suspected

- 1. Immediately isolate the patient and avoid exposing others in waiting areas.**⁸ Patients with suspected measles should call ahead before arriving whenever possible.
- 2. Notify public health immediately.** Do not wait for laboratory confirmation. Contact the Pennsylvania Department of Health at 877-PA-HEALTH (877-724-3258) or your local health department.⁹
- 3. Coordinate testing with public health authorities.** Recommended specimens include:¹⁰
 - Nasopharyngeal (NP) or oropharyngeal/throat (OP) swab for measles RT-PCR
 - Serum for measles IgM and IgG testing
 - Urine specimen when requested by public health authorities to improve diagnostic sensitivity

Vaccination Remains the Best Protection

Two doses of MMR vaccine are approximately 97% effective in preventing measles.¹¹ Vaccination remains the most effective strategy to prevent infection, severe disease, and transmission.

Providers should review immunization status, promote catch-up vaccination, and consider accelerated vaccination schedules when recommended by public health authorities.¹²

Please visit [Measles \(Rubeola\) | CDC](#) for more information.

Pennsylvania Resources

- Pennsylvania Measles Dashboard [PA Measles Dashboard](#)
- Pennsylvania DOH Outbreak Updates [DOH Outbreak Newsroom](#)
- Pennsylvania Health Alert Network (PA-HAN) MMR Vaccination Guidance [PA-HAN Measles Alert \[2026-831-0..._Early MMR | PDF\]](#)

Report Suspected Cases

- Pennsylvania Department of Health: 877-PA-HEALTH (877-724-3258)
- Your local county or municipal health department

Pennsylvania Measles, continued to page 4.

References

¹ Pennsylvania Department of Health. *Pennsylvania Measles Dashboard* and statewide outbreak updates.

² CDC. *Interim Infection Prevention and Control Recommendations for Measles in Healthcare Settings*.

³ CDC. *Clinical Overview of Measles*; American Academy of Pediatrics. *Red Book: 2024-2027 Report of the Committee on Infectious Diseases*.

⁴ CDC. *Clinical Overview of Measles*; Strebel PM, Orenstein WA. Measles. N Engl J Med. 2019.

⁵ CDC. *Clinical Overview of Measles*; American Academy of Pediatrics. *Red Book: 2024-2027 Report of the Committee on Infectious Diseases*.

⁶ Do LAH, Mulholland K. *Measles 2025*. N Engl J Med. 2025.

⁷ CDC. *Prevention of Measles, Rubella, Congenital Rubella Syndrome, and Mumps: Summary Recommendations of the Advisory Committee on Immunization Practices (ACIP)*.

⁸ CDC. *Interim Infection Prevention and Control Recommendations for Measles in Healthcare Settings*.

⁹ Pennsylvania Department of Health. *Recommendations for Catch-Up and Early MMR Vaccination in the Context of Measles Outbreak Activity* ([2026-831-06-24-ALT-Measles_Early MMR.pdf](#)). Immediate reporting guidance. [[2026-831-0..._Early MMR | PDF](#)]

¹⁰ CDC. *Laboratory Testing for Measles*; Pennsylvania Department of Health. *Recommendations for Catch-Up and Early MMR Vaccination in the Context of Measles Outbreak Activity* ([2026-831-06-24-ALT-Measles_Early MMR.pdf](#)). [[2026-831-0..._Early MMR | PDF](#)]

¹¹ Bester JC. *Measles and Measles Vaccination: A Review*. JAMA Pediatrics. 2016;170(12):1209-1215.

¹² Pennsylvania Department of Health. *Recommendations for Catch-Up and Early MMR Vaccination in the Context of Measles Outbreak Activity* ([2026-831-06-24-ALT-Measles_Early MMR.pdf](#)). Vaccination recommendations and outbreak guidance. [[2026-831-0..._Early MMR | PDF](#)]

Provider Type 59 Annual Home & Community Based Services (HCBS) Training must be completed before 12/31/2026!

The 2026 HCBS Provider Training is available now! This is an annual training requirement for all Home and Community Based Services (HCBS) Providers, Type 59 Only, 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.

- [2026 Home and Community Based Services Provider Annual Training](#)
- [2026 HCBS Training Attestation](#)
- [2026 Annual HCBS Training Handout](#) (PDF)



Provider Data Management Updates

PA Health & Wellness (PHW) is committed to maintaining accurate and up-to-date provider information for our Members. Providers are responsible for promptly reporting all demographic and practice updates to PHW. Updates should be submitted directly to the Provider Data mailbox at PHWproviderdata@pahealthwellness.com. PHW will be performing audits via phone calls to verify the information in the Find-A-Provider directory. To support the integrity of the Find a Provider directory, please ensure the following:

- Keep Contact Information Up to Date**
Reported office phone numbers must be the numbers Members use to schedule appointments.
- Timely Status Updates**
Notify PHW promptly of any provider status changes (e.g., leaving the group, retirement).
- Billing Address Updates**
Please report all new billing address updates to phwproviderdata@pahealthwellness.com with a copy of your W-9 along with associated Billing Phone and Fax information, if applicable.

- Ensure Credentialing Documents are Submitted Accurately
 - Groups: When submitting information for initial credentialing and recredentialing, ensure that documents are not expired or will not expire within 60 days of submission
 - Practitioners: CAQH must be attested every 60 days and remain current at the time of Credentialing or recredentialing. Provider specialties need to be listed with CAQH and/or NPPES. This information must be kept up to date to ensure necessary outreach occurs timely.
 - If the above requirements are not met credentialing may be closed for insufficient information.

- Panel Updates**
PHW must be advised of any changes to provider panels, such as age or gender restrictions, open or closed panels, or hat code (Primary Care Provider vs. Specialist).
- Practitioner Enrollments**
New Practitioner Enrollment forms can be found at: <https://www.pahealthwellness.com/providers/become-a-provider/CredentialingForms.html>.

- OLTL/HCBS Contracted Providers**
To submit changes or updates please utilize the OLTL Change Form found here: <https://www.pahealthwellness.com/providers/become-a-provider/CredentialingForms.html> and include a copy of your W-9.
- To submit enrollments or updates on existing contracted groups, please reach out to phwproviderdata@pahealthwellness.com.

Thank you for your partnership in maintaining accurate provider information and supporting access to care for our Members.

Visit our [Provider Demographic Changes](#) webpage:



Finish Strong: Close Care Gaps Before Year-End

Focus now on high-impact members to improve health outcomes, close care gaps, and support year-end quality performance.

FINISH STRONG

CLOSING CARE GAPS BEFORE YEAR-END



MEMBERS NOT SEEN THIS YEAR



UNCONTROLLED DIABETES AND HYPERTENSION



MEDICATION REVIEW



CLOSING GAPS TODAY. IMPROVING OUTCOMES TOMORROW.
STRONGER QUALITY. BETTER CARE.

1. Reach Members Not Seen This Year

Prioritize members with no visit this year, multiple open gaps, overdue chronic care follow-up, or a missed Medicare Annual Wellness Visit. Use outreach and pre-visit planning to address multiple needs in one encounter.

2. Act on Uncontrolled Diabetes and Hypertension

For members with elevated A1c or blood pressure results, schedule timely follow-up, reassess treatment and adherence, repeat testing when clinically appropriate, and address barriers to care. Recheck elevated blood pressure readings and document results accurately.

3. Complete Medication Reviews

Review active medications, adherence, side effects, affordability, transportation, and pharmacy barriers. Optimize therapy when appropriate and reinforce the treatment plan.

Capture Every Eligible Service

Confirm that visits, laboratory results, clinical findings, and applicable CPT II codes are documented and submitted promptly so completed care receives quality credit.

TAKE ACTION NOW

Review open care gaps, contact priority members, schedule needed services, and submit complete documentation before year-end.



Make Preventive Care Easier to Complete

Practical ways to support timely child and adolescent well-care visits

Preventive care works best when it is easy for families to know what is due, schedule the right visit, and complete needed follow-up.

Preventive services change from infancy through adolescence. Looking beyond the appointment itself and supporting each step before, during, and after the visit, concerns can be identified earlier, supporting healthier outcomes.

BEFORE THE VISIT

Use available care-gap information to identify CHIP enrollees who may be due. Contact families early and help schedule the appropriate preventive visit.

DURING THE VISIT

Complete age-appropriate preventive services, screenings, assessments, and anticipatory guidance based on the child’s needs.

AFTER THE VISIT

Document the services and results clearly. Track referrals and follow-up needs so the next step does not get lost.



Reduce missed opportunities

- Review care-gap reports regularly and build outreach into existing workflows.
- When a child is seen for another reason, check whether preventive care is due and arrange the appropriate well-care visit.
- Use reminders and follow-up outreach to help families complete scheduled visits and referrals.
- Make documentation part of the workflow so completed services are reflected in the medical record and quality reporting.

Keep the preventive visit distinct

The W30 and WCV measures apply to preventive well-care visits, not sick or episodic visits. Well-child visit timing is age-specific, so scheduling and documentation processes should reflect the applicable guidance for each age group.

PRACTICE ACTION: Choose one point in your current workflow where preventive care needs can be identified earlier, then assign a consistent next step for outreach, scheduling, or follow-up.



PHW is here to help
PHW’s Provider Relations and Care Management teams can support providers with quality measure education, documentation and coding guidance, screening resources, and care-gap reporting tools.

For more information, call 1-855-445-1920 (TTY 711) or visit PAWellKids.com.

CoC+ Bonus Program

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

Components of an Appointment Agenda

The layout of the printable Appointment Agenda has been updated, based on feedback received on the Workflow Summary document

The Appointment Agenda will feature a table-style format offering a more streamlined display of available insights

Checkbox responses have been expanded to four columns

Agenda, Patient & Provider Details

Insight Information

Signature

Any person in the practice who supports the completion of the Agenda at the point of care may sign and submit the completed Agenda

QR Code

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

Agenda ID: XXXXXXXX
Member ID: XXXXXXXX
Member Phone: (XXX) XXX-XXXX
Member DOB: <MM/DD/YYYY>
TIN Name: <TIN NAME> <TIN> <STATE>
Provider Name and ID: <PROV NAME> <PROV ID>
IPA Name: <IPA>

2026 MEDICARE Appointment Agenda
A Guide to the Patient's Visit

Disclaimer: Paper submissions take longer to process. For available electronic submission methods, please use the QR code or URL below.

Insight Type	Insight Description	Diagnosis/Supporting Information	Relevant DOS	Active & Documented	Resolved/Not Present	Addressed Previously	Patient Referred
Risk Adjustment	<Insight Description>	<Diagnosis/Supporting Information>	<MM/DD/YYYY>	☐	☐	☐	☐
High Complexity	<Insight Description>	<Diagnosis/Supporting Information>	<MM/DD/YYYY>	☐	☐	☐	☐
Quality	<Insight Description>	<Diagnosis/Supporting Information>	<MM/DD/YYYY>	☐	☐	☐	☐
Clinical	<Insight Description>	<Diagnosis/Supporting Information>	<MM/DD/YYYY>	☐	☐	☐	☐
Drivers of Health	<Insight Description>	<Diagnosis/Supporting Information>	<MM/DD/YYYY>	☐	☐	☐	☐

For questions on the Appointment Agenda form, please contact your provider representative.

Please complete form, sign, and send via fax to 844-608-0465 or via secure email to agenda@centene.com

Please ensure all current diagnoses and care gaps for 2026 are documented in the patient's chart and submitted on the claim. By submitting this form, you attest that the information is accurate, based on your professional medical judgment, and properly documented in the medical record. Please Note: The Appointment Agenda cannot be used as a medical record.

Provider signature: _____ Date: ____/____/____
Provider printed name: _____ Provider credentials (MD DO RN NP (circle one))

CoC+ Provider FAQ: Use the QR Code or URL to access the CoC+ Provider Frequently Asked Questions.
centene.com/content/dam/centene/education/resources/CoC-Program-FAQ.pdf

5380179, NABICAR/PAHE
Internal Approved HMD01YY

Barcode

Agendas may show "Not Risk Eligible" or "Not Comp Eligible" under the barcode in the upper right-hand corner for those Agendas not eligible for compensation

There are four available responses for each insight listed on the Appointment Agenda:

Active & Documented

- Condition remains active, or insight is clinically relevant and should be documented on a claim using appropriate coding standards, when applicable

Resolved/Not Present

- The condition is resolved, inactive, or the insight is not relevant to the patient's current clinical status

Addressed Previously

- The insight was resolved in a prior visit (during current year) and does not require further action

Patient Referred

- The insight requires evaluation by a specialist or another provider

New Fax Number

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

2026 Comprehensive Insight Incentive Payout

Medicare \$150

Marketplace \$100

NOTE:

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

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: (844)-608-0465

Clinical Documentation Improvement (CDI) Q3 2026 Webinars

Learn more about: Risk Adjustment methodologies, accurate and compliant documentation practices, and coding strategies aligned with regulatory standards. Webinars are open to providers, non-physician practitioners, coders, billers, and administrative staff involved in clinical documentation and coding.

Advance registration is required. Please scan the QR Code below to review the 2026 CDI Webinar Schedule.

Good News! CEUs are available for Medical Coders for certain webinars!

Topics include:

- Risk Adjustment Essentials Across Multiple Lines of Business
- Medicare Risk Adjustment: A Practical Guide
- BMI and Morbid Obesity: Best Practices for Clinical Documentation and Coding
- Cardiovascular Coding Insights: Strategies for Accurate Risk Adjustment Coding
- Risk Adjustment in Action: Understanding and Documenting Acute Conditions Effectively
- 2027 ICD-10 & Model Updates

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



2026 Risk Adjustment Incentive Payout

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



Provider Updates

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

If you'd like to be added to our email list to receive updates to your inbox reach out to Providertraining@pahealthwellness.com. Be sure to include organization name and Tax ID number in this request.



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/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).

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.

Self -Audit and Overpayment Refund Submission

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

When needing to submit a refund check for claims overpayments checks should be made payable to PA Health & Wellness. The submission should also include a list of the claims that were overpaid.

Mail to:
PA Health & Wellness
P.O. Box 3765
Carol Stream, IL 60132-3765

Meeting Appointment Accessibility Standards

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

Availability is key to participant care and treatment outcomes. PA Health & Wellness does monitor compliance with these standards quarterly and uses the results of monitoring to ensure adequate appointment availability and reduce the unnecessary use of emergency rooms.

Please review the appointment availability standards in the Provider Manual Here:

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

24 Hour Access

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

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

Provider Newsletter



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

