

The PHW Provider Newsletter for healthcare providers, physicians, and office staff provides important and timely information to support providing quality healthcare to your patients.



Patient Surveys Result in **Better Care**

To help us provide the best care and service to your patients, participants of Community HealthChoices from PA Health & Wellness will participate in an annual survey about their healthcare experiences. Surveys will also be sent to our Wellcare by Allwell and Ambetter members.

These annual surveys assess experience with the care and services received from interactions with you, the Provider, and our health plan representatives as well.

Survey results are gathered using the nationally recognized Consumer Assessment of Healthcare Provider and Systems (CAHPS) survey. In addition, PA Health & Wellness submits survey results to the National Committee for Quality Assurance (NCQA), the state of Pennsylvania, the Pennsylvania Office of Long-Term Living (OLTL) and the Centers for Medicare and Medicaid (CMS). PA Health & Wellness uses these survey results to help improve care and will communicate the results to you via newsletter and/or through the Provider Relations Team.

CAHPS survey questions focus on the following key areas related to provider office experiences:

Scheduling of Appointments

- Getting care right away (urgent)
- Getting an appointment as soon as needed (routine)
- Doctor seen within 15 minutes of appointment time
- Receiving test results as soon as needed.
- Doctor had medical records and health care information at appointment
- Doctor discussed prescription medicines
- Smokers and tobacco users advised to quit
- Tobacco cessation strategies and medications discussed

Appointment Follow-up

- Doctor's office followed up with test results
- Received test results as soon as needed
- Received help needed to manage care

You Can Make a Difference

- Ensure your staff understands CAHPS and the importance of patient experience
- Assist patients with scheduling appointments in a timely manner
- Thoroughly discuss test results and medications with patients
- Provide information to patients regarding specialist care
- Inform patients of tobacco cessation resources



- With your assistance, providers can improve survey results by focusing on customer service year-round, improving communication and helping patients feel connected to their providers and their healthplan.
- More information about CAHPS can be found on the Agency for Healthcare Research and Quality website: <https://www.ahrq.gov/cahps/about-cahps/index.html>
- If you have questions about the CAHPS survey process, please contact your Provider Network Specialist or email PHWProviderRelations@PAHealthWellness.com.

Controlling Blood Pressure is a High Priority

Effective management of hypertension as measured by the Controlling Blood Pressure (CBP) HEDIS and STAR performance measure is a high priority. It's a triple weighted state and CMS measure and a P4P measure for a good clinical reason. According to the CDC, nearly half of adults in the United States (47%, or 16 million) have hypertension, defined as a systolic blood pressure greater than 130 mmHg or a diastolic blood pressure greater than 80mmHg or are taking medications for hypertension. In 2019, almost a half million of deaths had hypertension as a primary or contributing cause.¹ This is why there is so much emphasis on improving performance in this area.



Managing hypertension requires a comprehensive treatment plan including consideration of a person's lifestyle, cultural influences, and health equity factors.

Success in managing blood pressure requires:

- Utilization of the most recent clinical practice guidelines
- Monitoring blood pressure consistently and frequently
- Employing best practices to reduce barriers
- Using real time CPTII coding on claims to improve data analysis vs. retrospective Medical Record Review

¹ <https://www.cdc.gov/bloodpressure/facts.htm#:~:text=Nearly%20half%20of%20adults%20in,are%20taking%20medication%20for%20hypertension>

Utilizing Clinical Practice Guidelines

American Heart Association / American College of Cardiology

June 2021 Updates

BP Category	Pressure Ranges	Recommendations
Normal BP	<120/<80 mmHg	Promote healthy lifestyle; reassess BP annually.
Elevated BP	120-129/<80 mmHg	Start with nonpharmacologic therapy, reassess BP in 3-6 months.
Stage 1 Hypertension	130-139/80-89 mmHg	ASCVD or 10-year CVD risk $\geq 10\%$: Start with both nonpharmacologic and pharmacologic therapy. Reassess BP in 1 month. If at goal, reassess every 3-6 months. If not at goal, assess for adherence and consider intensification of therapy.
		No ASCVD and 10-year CVD risk <10%: Start with nonpharmacologic therapy, reassess BP in 3-6 months. If not at goal, consider initiation of pharmacologic therapy.
Stage 2 Hypertension	$\geq 140/\geq 90$ mmHg	Start with both nonpharmacologic and pharmacologic therapy. Reassess BP in 1 month. If at goal, reassess every 3-6 months. If not at goal, assess for adherence and consider intensification of therapy.

<http://www.acc.org/latest-in-cardiology/articles/2021/06/21/13/05/new-guidance-on-bp-management-in-low-risk-adults-with-stage-1-htn>

Monitoring Blood Pressure Consistently and Frequently

Employ Best Practices:

- Schedule follow-up appointments every 1-3 months when bp goals are not met
- Encourage self-blood pressure monitoring
- Utilize telehealth visits or remote monitoring to monitor blood pressure between visits
 - Documentation of self-reported blood pressures from patients can be recorded and utilized for HEDIS and STARS data capture.
 - Reimbursement codes are available for remote monitoring via telemedicine
- Repeat elevated blood pressure measurement after the member rests
 - The lowest values during the office visit will be used for HEDIS/STARS
- Ensure proper cuff sizes are used appropriately
- Review and assess barriers to medication compliance on every visit
- Adjust treatment plans and provide education to address concerns/challenges
- Offer 90 day fill for routine hypertension medications

CPT II Codes for Improved Reporting

- Use CPT-II codes that reflect the bp value range
 - This will help close gaps on your provider gap lists and help you meet your P4P goals
 - Data can be used by the Health Plan to identify members for special programs and outreach

Hypertension	ICD-10: I10
Systolic greater than/equal to 140	CPT-CAT-II: 3077F
Systolic less than 140	CPT-CAT-II: 3074F, 3075F
Diastolic greater than/equal to 90	CPT-CAT-II: 3080F
Diastolic 80-89	CPT-CAT-II: 3079F
Diastolic less than 80	CPT-CAT-II: 3078F
Remote Blood Pressure Monitoring codes	CPT: 93784, 93788, 93790, 99091
Outpatient codes	CPT: 99201 - 99205, 99211 - 99215, 99241 - 99245, 99347 - 99350, 99381 - 99387, 99391 - 99397, 99401, 99402, 99403, 99404, 99411, 99412, 99429, 99455, 99456, 99483, 99341-99345 HCPCS: G0402, G0438, G0439, G0463, T1015
Non-acute Inpatient codes	CPT: 99304 - 99310, 99315, 99316, 99318, 99324 - 99328, 99334 - 99337

Source: HEDIS Performance Measures | QI Program | PA Health & Wellness (www.pahealthwellness.com)

If you have questions about the CBP HEDIS / STARS measure or want to discuss ways to improve performance, please contact your provider relations representative to be directed to the appropriate resource.

How Diabetes and Hypertension **Affect Vision**

Diabetes and hypertension can cause serious eye conditions and patients with these conditions should have regular appointments with a vision care provider.



Diabetic retinopathy is a diabetes complication caused by damage to the blood vessels of the retina. The retina is the light-sensitive tissue at the back of the eye. Diabetic retinopathy can develop in anyone who has type 1 or type 2 diabetes.

The longer a patient has diabetes and the less controlled a patient's blood sugar is, the more likely retinopathy is to develop.

Too much sugar in the blood can lead to the blockage of the tiny capillaries that nourish the retina, cutting off its blood supply. As a result, the eye attempts to grow new blood vessels in a process known as **neovascularization**. However, the new blood vessels are not well-developed and tend to leak.

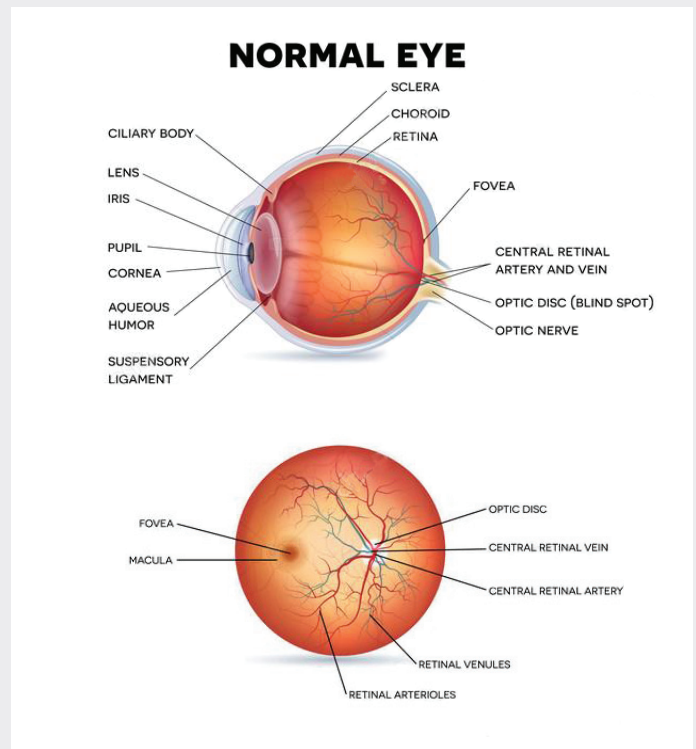
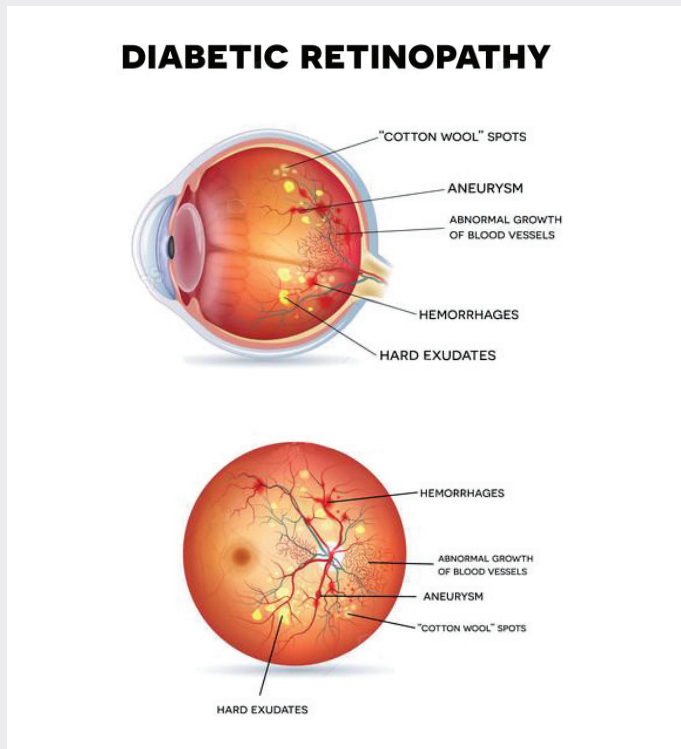
In early diabetic retinopathy, known as non-proliferative retinopathy, new blood vessels have not started to grow.

The blood vessels are weakened, and tiny bulges can protrude out of smaller vessels, sometimes leaking fluid. Larger vessels dilate and become tortuous. Sometimes there is a buildup of fluid (edema) in the **macula**, the central portion of the retina that provides fine detail and color vision.

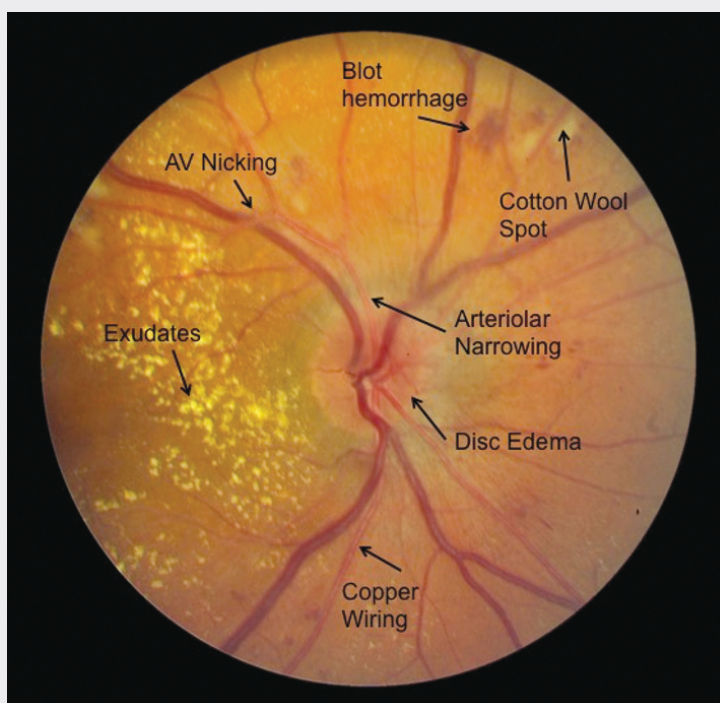
Advanced diabetic retinopathy is known as proliferative retinopathy because neovascularization is occurring. The damaged blood vessels close off, causing the growth of the new, weak vessels. They are fragile and can leak blood into the **vitreous** – the clear, jellylike substance that fills the eye.

This can cause vision changes ranging from blurriness to dark floaters to complete loss of vision, depending on how much blood is leaked into the vitreous. As the condition worsens, scar tissue from the growth of new blood vessels can cause the retina to detach from the back of the eye. If the new blood vessels interfere with the normal flow of fluid in and out of the eye, pressure can build up, with possible damage to the optic nerve resulting in glaucoma.

Routine dilated retinal examinations can detect diabetic eye disease before it reaches the advanced stages that require laser treatments and/or surgical intervention.



Hypertensive eye disease has a variety of forms. **Hypertensive retinopathy** is a condition caused by retinal vascular damage. High blood pressure causes damage to the microcapillaries in the retina when the blood vessels narrow. The pressure in the narrowed vessels can cause bleeding, called **flame hemorrhages**. The walls of the retinal arteries become thickened, called **copper wiring**. **Cotton-wool spots or exudates** form due to ischemia from lack of circulation due to the damaged vessels. Leaking from the blood vessels can lead to macular edema. This leakage can cause other conditions, like optic disc edema or optic neuropathy. When hypertension progresses to TIA or stroke, there can be permanent vision loss. The vision loss can take the form of a **hemianopia**, which is loss of one half of the visual field in both eyes. Another way stroke affects vision is when the nerves affecting eye movement are damaged. It may cause impairment in moving eyes to certain positions or cause the eyes to turn inward or outward, which can cause diplopia (double vision). Another side effect is nystagmus, or uncontrolled eye movements.



Symptoms of hypertensive eye disease often do not develop until late in the disease process. **But a dilated eye exam can show early signs of hypertensive damage.** For example, **arteriovenous nicking** is an indentation of retinal veins when they cross stiffened retinal arteries. It is a sign of chronic systemic hypertension that may have also caused damage to arteries in the heart, kidneys, and brain. It often occurs early in the disease process and further damage can be avoided if the patient's hypertension is brought under control.

HEDIS and STARS programs have two measures designed to promote effective treatment and prevent complications from diabetes and hypertension. One is the dilated retinal exam measure for diabetics. The other is the blood pressure control measure which applies to members with Diabetes and/or Hypertension. Members with diabetes should have yearly dilated eye exams, but members with hypertension should also have their eyes examined regularly.

Shout out to Centerville Clinics...

Bringing Care to the Community

PA Health & Wellness was proud to be invited by Centerville Clinics to partner in a series of community-based events. Centerville is a Federally Qualified Health Center (FQHC) with 12 locations serving many PA Health & Wellness' participants/members. Centerville's goal was to introduce themselves to people in their community, provide on-site services and/or make connections to programs offered by Centerville Clinics.

PA Health & Wellness' Care Engagement team was on site to:

- Provide education about benefits and review gaps in care
- Confirm and/or update PCP assignments
- Review open care gaps and assist with scheduling appointments
- Offer home test kits (COL, A1c, Nephropathy Screening)



Left: Emily Godfrey, Senior Manager, Provider Relations;
Right: Lori Wisenbch, Provider Network Specialist

Do you have a Gaps Closure Challenge?

Contact your Provider Relations representative at PHWProviderRelations@PAHealthWellness.com if you have a gap closure event that you would like to partner with PA Health & Wellness or Wellcare By Allwell. Advance notice is required to ensure appropriate planning and required approvals. In some locations, we can arrange for mobile Diabetic Retinopathy Exams.



HEDIS Update

NCQA is making some changes to measures related to Diabetes. They are replacing the Comprehensive Diabetes Care (CDC) submeasures with several stand-alone diabetic measures. Examples include:

- **Eye Exam for Patients with Diabetes (EED)** measures the percentage of members 18–75 years of age with diabetes (types 1 and 2) who had a retinal eye exam. This replaces the CDC-eye (retinopathy screening) measure.
- **Blood Pressure Control for Patients with Diabetes (BPD)** will measure the percentage of members 18–75 years of age with diabetes (types 1 and 2) whose blood pressure was adequately controlled (<140/90 mm Hg) during the measurement year. This replaces the CDC bp control measure.

PA Health & Wellness will be publishing a HEDIS Measurement Year 2022 Quality Reference Guide and Measure Tip Sheets by the fall. If you have questions about anything related to HEDIS, please reach out to Heather Eilert, Manager of HEDIS Operations, at heather.eilert@pahealthwellness.com.

2022 HCBS Provider Training

The 2022 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.

HCBS Provider Types required to complete this training in 2022 include:

- Adult Daily Living
- Assistive Technology
- Behavior Therapy Services
- Benefits Counseling
- Career Assessment
- Cognitive Rehabilitation Therapy Services
- Community Integration
- Community Transition Services
- Counseling Services
- Employment Skills Development
- Financial Management Services
- Home Adaptations
- Home Delivered Meals
- Home Health Aid Services
- Job Coaching
- Job Finding
- Non-Medical Transportation
- Nursing Services
- Nutritional Consultation Services
- Occupational Therapy
- Personal Assistance Services
- Personal Emergency Response System (PERS)
- Pest Eradication
- Physical Therapy
- Residential Habilitation
- Respite
- Specialized Medical Equipment and Supplies
- Speech and Language Therapy
- Structured Day Habilitation
- Telecare
- Vehicle Modifications

Once registered, you will be sent an email with the link to view the training at any time. This training is approximately 30 minutes long.

Register here: <https://register.gotowebinar.com/register/634902416093614608>

2022 HCBS Training Attestation: <https://www.pahealthwellness.com/providers/provider-training/hcbs-training-attestation.html>

This training will cover a variety of information to effectively serve the PA Health & Wellness Community HealthChoices (CHC) Participants including but not limited to the population being served through CHC, Service Coordination, Accessibility requirements, Medical Necessity, Information around Alzheimer's Disease and related dementias, Referral for mental health and drug, alcohol and substance abuse services, The diverse needs of persons with disabilities, PHW Policies against discrimination, Cultural, Linguistic and Disability Competency, Treating the populations served by PA Health & Wellness, Administrative processes, Provider & Quality Management related issues, PHW Utilization Review and Prior Authorizations, PHW Complaints & Grievances Process & Performance Improvement Plans.

PHW Provider Education & Training Opportunities:



PA Health and Wellness Administrative and Other Processes

July 27, 2022 at 10 a.m.



Understanding the Basics of Dementia

September 21, 2022 at 10 a.m.

Our Medicare product has a new look and name: **Wellcare!**



The same great benefits and coverage you expect with a fresh new feel.

For more than 20 years, Wellcare has offered a wide range of Medicare products which offer coverage beyond Original Medicare. Today, the company offers benefits with every Medicare beneficiary in mind. Most of our plans include prescription drug coverage, have low or \$0 premiums, and extra benefits which may include:

-  Dental, hearing, and vision services
-  Over-the-counter benefits
-  Flex cards to assist with co-pays
-  Wellness and fitness programs
-  Transportation services
-  In-home support services
-  Telehealth visits
-  Special supplemental benefits for the chronically ill

PA Health & Wellness offers a range of plans that provide members with affordable access to doctors, nurses and specialists.

Plan Types:	Dual Eligible Special Needs Plan (HMO D-SNP)	Health Maintenance Organization (HMO)	Preferred Provider Organization (PPO)
Plan Descriptions:	A specialized Medicare Advantage plan that provides healthcare benefits for beneficiaries that have both Medicare and Medicaid coverage. Beneficiaries must meet certain income and resource requirements with eligibility and scope of benefits offered determined by the state.	A Medicare Advantage plan with a network of contracted healthcare providers and facilities. Members are required to select a primary care provider to coordinate care and if they need a specialist, the PCP will choose one who is also in our network.	A Medicare Advantage plan in which patients may seek care from any Medicare provider in the country who agrees to see them as a Medicare member. Members pay less when they use contracted providers in our network. Out-of-network providers may choose not to bill our plan and may ask members to pay for services up front.
Plan Names:	Wellcare Dual Access	Wellcare No Premium Wellcare Assist Wellcare Giveback Wellcare Patriot Giveback	Wellcare Assist Open Wellcare No Premium Open Wellcare Low Premium Open Wellcare Giveback Open

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 or contact us at:

Provider Services:

- **HMO: 1-855-766-1456;** (TTY: 711), **HMO SNP: 1-866-330-9368;** (TTY:711)
- From October 1 - March 31, you can call us 7 days a week from 8 a.m. to 8 p.m.
From April 1 - September 30, you can call us Monday - Friday from 8 a.m. to 8 p.m.
A messaging system is used after hours, weekends, and on federal holidays.



Meeting **appointment accessibility** standards

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

PA Health & Wellness monitors the availability of our network practitioners. Availability is key to participant care and treatment outcomes.

PA Health & Wellness follows the accessibility requirements set forth by applicable regulatory and accrediting agencies. We monitor compliance with these standards annually and use the results of monitoring to ensure adequate appointment availability and reduce the unnecessary use of emergency rooms.

Please review the appointment availability standards in the Provider Manual.

1. CHC & Medicare:

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

2. Marketplace:

<https://ambetter.pahealthwellness.com/provider-resources/manuals-and-forms.html>



Provider Accessibility Initiative (PAI):

This program aims to transition healthcare delivery into a fully accessible system for everyone while improving the accuracy and transparency of disability access data in our provider directories.

The goal:

Improve member access and health outcomes by increasing the percentage of practitioner locations and services in our network that meet minimum federal and state disability access standards.

Members are able to view your location's detailed disability access information on the online Find a Provider tool, and filter for a provider based on their disability access needs.

Complete your survey here:

https://cnc.sjc1.qualtrics.com/jfe/form/SV_bmzuVceOWaQX5Cm

Medical Necessity Appeal

Providers or Participants may request an appeal related to a medical necessity decision made during the authorization or concurrent review process orally or in writing:

Mail to:

PA Health & Wellness
Attn: Complaints and Grievances Unit
300 Corporate Center Drive, Suite 600
Camp Hill, PA 17011



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