

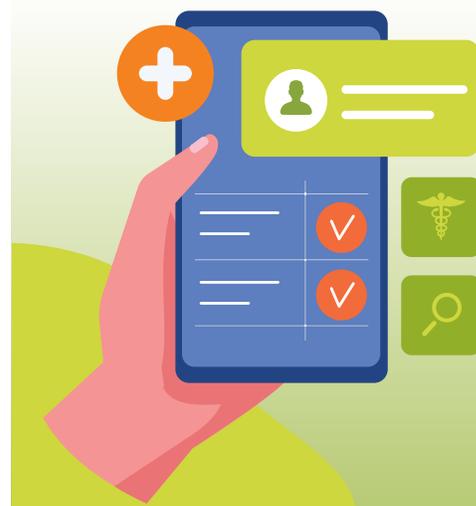


How to Keep Your Health Care Coverage

Pennsylvania is preparing for the end of continuous coverage for Medical Assistance (MA) and Children's Health Insurance Program (CHIP) recipients resulting from the national Public Health Emergency, effective April 1, 2023.

The Department of Human Services (DHS) encourages providers to share the following information with recipients of MA and CHIP to help them stay informed about actions they can take to maintain their coverage after the continuous coverage requirement ends.

More information is available from DHS at www.dhs.pa.gov/PHE.



Provider Updates

Please visit <https://www.pahealthwellness.com/providers/provider-updates.html> to view all recent Provider Updates.

[Hemodialysis Modifier and Interim Claims, March 1, 2023 \(PDF\)](#)

[Prepay Correct Coding ICD-10 Diagnosis Edits, March 1, 2023 \(PDF\)](#)

[CI Enterprise Incident Management \(EIM\) Reminder, January 24, 2023 \(PDF\)](#)

[Optum Prepayment Claims Reviews, January 17, 2023 \(PDF\)](#)

[2023 Partnership for Quality \(P4Q\) Provider Incentive Program Launch \(PDF\)](#)



Wellcare by Allwell, our Medicare Advantage Plan in Pennsylvania, offers a wide range of plan benefit packages which provide our members with coverage beyond Original Medicare. Most of our plans have prescription drug coverage, low or \$0 premiums and extra benefits and perks to include:

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

And new for 2023:

- Our D-SNP plans now offer:
 - A healthy foods card with a monthly benefit amount members can use to purchase nutritious foods from certain retailers, both in-store and online.
 - \$0 prescription copays, all year long, in all benefit phases. There's no deductible and no copay for all covered generic and brand Part D prescriptions.
- We also have a new PPO D-SNP Plan called "Wellcare Dual Access Open".

And there's more good news...

If a member is dual eligible and is aligned with PA Health & Wellness for Medicaid and Medicare coverage, the member and provider experience is even better. It's all-in-one coverage with extra benefits.

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

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 or contact us at:

Provider Services:
 HMO/PPO: 1-855-766-1456 (TTY: 711)
 HMO/PPO D-SNP: 1-866-330-9368 (TTY: 711)
www.wellcare.com/allwellpa



The Medicare Health Outcomes Survey (HOS) and Provider Impact

The Medicare Health Outcomes Survey (HOS) is the first patient-reported outcomes measure used in Medicare managed care. The objective of the HOS is to assesses member's physical and mental health status over times, as well as measuring effectiveness of care.

The HOS is administered annually to a random sample of Medicare beneficiaries drawn from each participating Medicare Advantage plan (i.e., a baseline survey is administered to a new cohort, or group, each year). Two years later, these same respondents are surveyed again (i.e., follow up measurement).

Providers can significantly impact the way that member's respond to the HOS questions. Here are some tips that can be incorporated into your practice:

HOS Measure	Questions	Tips for Success
Monitoring Physical Activity	<ul style="list-style-type: none"> • In the past 12 months have you discussed level of exercise or physical activity with a doctor or other health provider • In the past 12 months did a doctor or health provider advise you to start, maintain or increase physical activity? 	<ul style="list-style-type: none"> • Discuss patient's level of activity during visits and encourage patients to start, maintain or increase physical activity. • Ask your patient's what types of activities they enjoy. • Recommend activities based on physical abilities and interests.
Improving Bladder Control	<ul style="list-style-type: none"> • In the past 6 months have you experienced leaking of urine? • In the past 6 months how much did leaking of urine change your daily activities or interfere with your sleep? • Have you ever talked with a doctor, nurse, or health provider about leaking of urine? • Have your ever talked with a doctor, nurse, or health provider about managing urine leakage problem? 	<ul style="list-style-type: none"> • Ask patient's if they experience issues with leaking of urine. • If leaking of urine is interfering with daily life, establish a plan of care and recommend options for treatment.
Reducing the Risk of Falling	<ul style="list-style-type: none"> • In the past 12 months did you talk to a doctor or health provider about falling, problems with balance or walking? • Have you experienced a fall in the past 12 months? • In the past 12 months, did you experience a problem with balance or walking? • Has your doctor done anything to help prevent falls? 	<ul style="list-style-type: none"> • Conduct falls risk assessments with patients to identify recent falls and problems with balance. • Provide recommendations to help reduce falls and assess if DME items may be needed (walker, cane, etc.). • Encourage home safety to ensure items in the home will not hinder mobility. • Review medications to ensure patient is aware of medications that might cause falls.



Benefits of Positive Patient Experience

Patients that experience a positive encounter while at their provider's office are more likely to provide feedback, resulting in benefits and advantages for that office. When patients feel like their time is valued, their health is important, and they have a trusting relationship with their doctor, they are more likely to visit regularly. Here are some of the benefits of a positive experience:

Patient Loyalty & Trust – Positive experiences are predicated on patients feeling heard and trusted. Positive experiences make the patient more likely to return and ultimately lead to enhanced continuity of care.

Improved Health Outcomes – Built on loyalty and trust, continuity of care provides the doctor the opportunity to better treat the patient. Greater familiarity of specific symptoms, side effects, etc. all enable patient care and support adherence to treatments and prescribed medications that drive positive outcomes.

Potential for New Patients – When a patient has a positive experience with their doctor, they are more likely to recommend that doctor to other individuals seeking care. Word of mouth is often highly influential in helping build a practice and increasing revenue.

ACTIVE LISTENING TIPS



- **Be present** in the conversation with your patients
- Utilize **good eye contact** to show your interest and attention
- Ask **open ended questions** to encourage your patients to provide further context and additional details
- **Paraphrase and read back your patients' main points** to ensure a full understanding

For additional tips and resources to improve patient experience, visit <http://www.cahpsprovider.com/provider>.

Patient Experience | Tips for Improvement

Getting Needed Care

- Coordinate urgent appointments with the appropriate office(s)
- Encourage patients to register and view results through the patient portal (where available)

Scheduling Appointments & Care Quickly

- Maintain a triage system and consider leaving a few appointment times available each day to ensure high risk patients are prioritized and seen quickly or provide alternate care (e.g., phone, urgent care center)
- If a patient is requesting to be seen as soon as possible but their doctor is unavailable, refer the patient to a nurse practitioner or physician assistant
- Be mindful to make every patient interaction as positive as possible
- If there is an extended wait time, actively keep patients informed and offer the patient the opportunity to reschedule

Care Coordination

- Prioritize appointments for patients who have recently been discharged from a hospital or facility
- Ask all pertinent questions to ensure awareness and obtain and review records from hospitals/other providers
- Request that patients bring in a list of their medications for each visit
- Request EMR access to allow for timely coordination of care

Rating of Health Care

- Encourage patients to schedule their routine appointments or follow up visits as soon as they can
- Train all office staff to be courteous and empathetic
- Be mindful and respectful of all patients
- Provide clear explanations for treatment and procedures – make sure to use language the patient will understand
- Spend enough time with the patient and do not rush them to ensure all concerns have been addressed



Improving your Diagnosis Coding and Documentation Specificity

The Clinical Documentation Improvement (CDI) team at Centene Corporate invites you to attend a Risk Adjustment Web-based training that will cover coding guidelines and best practices to promote quality documentation, accurate coding and regulatory compliance.

Areas covered in the Webinar:

- Broad Overview of Risk Adjustment
- Documentation and Coding - It's all in the details
- Case study examples
- Telehealth for Risk Adjustment

Who will benefit:

- Coders, billers, auditors, providers, practice administrators

Training topics include:

- Leading Practices for HCC Documentation and Coding
- HCC Coding & Documentation Trends to Avoid
- Application of MEAT Criteria & Specificity in Coding
- Practical Approaches to HCC Coding and Risk Adjustment
- Commonly Missed and Miscalculated Diagnosis Codes
- And more!

Please visit <https://www.pahealthwellness.com/providers/provider-training.html> for a full list of training topics, dates and registration links.

PA Health & Wellness is available for direct questions as it relates to CDI and risk Adjustment. Visit our website <https://www.pahealthwellness.com/providers/risk-adjustment.html>, call **877-236-1320** or email PHW_RiskAdjustment@PAHealthWellness.com and Chelsea on our team will schedule time with you to answer your specific coding questions.

If you have questions on HEDIS coding, please email Kristin at Kristin.Strohmeier@PAHealthWellness.com or call **412-897-2298** to schedule time with your assigned Provider Quality liaison.

CoC (Continuity of Care)

A basic guide to reviewing and submitting appointment agendas

CoC HCC Validation

- Providers should schedule and conduct a comprehensive exam with the patient, assessing the validity of each condition on the appointment agenda.
- Submit the signed appointment agenda
 - AND submit the same diagnosis code in the medical claim
 - OR gap addressed by checked exclusion box in the dashboard

✓ 'Active Diagnosis & Documented'

- Patient is currently presenting with this condition. Provider must submit a claim with a diagnosis code that maps to this Disease Category listed on the agenda.

✓ 'Resolved/Not Present'

- Patient is not presenting with this condition. Provider must submit a claim with a 2022 face-to-face visit and should submit appropriate diagnosis codes for conditions the patient is currently presenting.

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	D06.181 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"/>

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

Contact Information

- PHW will manage the bonus calculation, reconciliation, and payment processing.
- You may also email or fax paper agendas or patient charts to
 - PHWAgenda@pahealthwellness.com
 - Fax: 1-844-918-0782 S Line: CoC

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.

UPDATE FOR 2023:

The 2023 CoC incentive program has officially kicked off! As a thank you for providing quality care for our Medicare enrollees, we are offering an **additional \$100** for completing a qualified member visit between Jan. 1, 2023 and Dec. 31, 2023.

What you need to do

- Schedule and conduct exams with eligible members using the Appointment Agenda as a guide to assess the validity of each condition.
- Update diagnoses and close care gaps. Document both in the medical record and on the claim.
- Sign, date, and submit the signed Appointment Agenda and/or comprehensive exam medical record via fax: 1-844-918-0782 S Line: CoC, email: PHWAgenda@pahealthwellness.com, or electronically: the secure CoC provider portal.
- Submit a claim/encounter containing the correct ICD-10, CPT, CPT II or NDC codes. Upon receipt of the completed documentation, we will verify that diagnoses were submitted appropriately.

If you have any questions or concerns, please contact the PHW Risk Adjustment Team via phone: 877-236-1320 or email: PHW_RiskAdjustment@PaHealthWellness.com.

Provider Education & Training Opportunities

Cultural Awareness & Sensitivity
April 26, 2023 at 10 a.m.

Quality Management Processes and Issues
and Provider Relations Issues
May 24th 2023 @ 10:00 AM

Please visit <https://www.pahealthwellness.com/providers/provider-training.html> for other training opportunities and registrations links.





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, 7th 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).