

PROVIDER Bulletin



November 14, 2016

This Provider Bulletin applies to the lines of business and provider types checked below:

- PHP (Medicare)
 Primary Care Physicians
 Specialists
 PHC (Medicaid)
 Ancillary
 Hospitals

Receive a \$25 Incentive for Completing Annual Wellness Visit

Our patient's health is important to us! If you have completed annual wellness exam or comprehensive health assessment on a PHP Medicare Plan Member in CY2016, PHP will begin to provide an administrative reimbursement of \$25 per member per calendar year to network providers for the completion and submission of PHP's AWW Form.

To receive the \$25 incentive, PHP's AWW form must be completed and returned to PHP. Completed AWW form(s) should be faxed to (844) 621-2796 attn: Charles Tran, Director of Risk Adjustment or Edna Cabalquinto, Lead Risk Adjustment Coding Analyst.

During the month of November, PHP will send PCPs an AWW form for each assigned member. Again, if you have completed annual wellness exam or comprehensive health assessment, please complete the AWW form in its entirety and return to PHP.

AHF - 2016 PHP Annual Health Assessment Checklist				
Patient Name: John Doe (Sample)		Provider's Name with credentials: Dr. Gary Richmond		
HealthSuite ID: HSN123456		Address:		
DOB: 11/20/1942		Gender: Male		
Date of Service:		Provider's Signature		
Please return this form along with a copy of the progress note via CPS/Athena & Secured Fax (844) 621-2796 as applicable:				
Previously Diagnosed Historical Conditions - Chronics & Acutes (S=Stable, I=Improved, D=Deteriorated, Q=In-Remission, R=Resolved)				
Please correct/revised diagnosis codes to specificity as applicable				
Potential ICD10	Previous Reported (ICD10/ ICD9)	Last Reported ICD10/9 Descriptions	Assessment: Please Select	Plan / Comment
VARIES	25080	DMII oth nt st uncntrld	<input type="checkbox"/> S <input type="checkbox"/> I <input type="checkbox"/> D <input type="checkbox"/> Q <input type="checkbox"/> R	
I4892	I4892	Unspecified atrial flutter	<input type="checkbox"/> S <input type="checkbox"/> I <input type="checkbox"/> D <input type="checkbox"/> Q <input type="checkbox"/> R	
N184	N184	Chronic kidney disease, stage 4 (severe)	<input type="checkbox"/> S <input type="checkbox"/> I <input type="checkbox"/> D <input type="checkbox"/> Q <input type="checkbox"/> R	
VARIES	4139	Angina pectoris NEC/NOS	<input type="checkbox"/> S <input type="checkbox"/> I <input type="checkbox"/> D <input type="checkbox"/> Q <input type="checkbox"/> R	
G35	340	Multiple sclerosis	<input type="checkbox"/> S <input type="checkbox"/> I <input type="checkbox"/> D <input type="checkbox"/> Q <input type="checkbox"/> R	
B20	042	Human immuno virus dis	<input type="checkbox"/> S <input type="checkbox"/> I <input type="checkbox"/> D <input type="checkbox"/> Q <input type="checkbox"/> R	
E212	25208	Hyperparathyroidism NEC	<input type="checkbox"/> S <input type="checkbox"/> I <input type="checkbox"/> D <input type="checkbox"/> Q <input type="checkbox"/> R	
			<input type="checkbox"/> S <input type="checkbox"/> I <input type="checkbox"/> D <input type="checkbox"/> Q <input type="checkbox"/> R	

If you have any questions surrounding the AWW Form or our reimbursement process, please feel free to contact Charles Tran or Edna Cabalquinto at:

- ❖ Charles A. Tran, Director of Risk Adjustment, O: (323) 337-9162 Ext. 5079, M: (323) 806-5671
Charles.Tran@AidsHealth.org
- ❖ Edna S. Cabalquinto, CCS, Risk Adjustment Coding Analyst - P: (323) 436-5000 Ext. 5056, M: (213) 807-5266sFax: (844) 621-2796 or Edna.Cabalquinto@AidsHealth.org

Thank you in advance for your support, especially for our last opportunity with 2016 Year-End initiatives to improve the health plan risk score and quality measures.

This Provider Bulletin is not intended to replace or conflict with any requirements outlined in your signed Agreement with AHF, PHP or PHC. If you have any questions or suggestions contact the Provider Relations Department at 954.522.3132 or email to remon.walker@phcplans.org