ProviderNewsletter

pa health & wellness

Quarter 3 2022, Volume 9

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

Getting Needed Care and Getting Care Quickly

In a 2002-2013 study conducted by the Agency for Healthcare Quality and Research, the overall percentage of adults who needed care right away who sometimes or never got care as soon as wanted was 14.6%. Some common barriers to Getting Needed Care and Getting Care Quickly are cost and time constraints. Each year, PA Health & Wellness measures patient's perceptions with Getting Needed Care and Getting Care Quickly with the Consumer Assessment of Healthcare Providers and Systems (CAHPS) Survey. Surveys are sent to participants of PA Health & Wellness Community HealthChoices, members of Wellcare by Allwell and Ambetter.

The following table contains questions asked on the CAHPS survey and some helpful tips:

Getting NEEDED Care

Questions

In the last 6 months...

- How often did you get an appointment to see a specialist as soon as you needed?
- How often was it easy to get the care, tests or treatment you needed?

Helpful Tips

- Review authorization processes to remove patient barriers to access care.
- Follow up with patient to see that specialist appointments are completed and assist with any issues.
- Include the patient in decision-making about their care regarding tests, specialist appointments, and treatment options.
- Assist patients to make specialist appointments before they leave the office.
- Ask patients if they have had any delays in receiving services.

Getting Care QUICKLY

Questions

In the last 6 months...

- When you needed care right away, how often did you get care as soon as you needed?
- How often did you get an appointment for a check-up or routine care as soon as you needed?
- How often did you see the person you came to see within 15 minutes of your appointment time?

Helpful Tips

- Set aside time slots each day to accommodate urgent visits.
- Provide patients with addresses and phone numbers of urgent care options.
- Educate patients regarding after-hours call process and telephone number.
- Encourage patients to schedule routine visits in advance or before they leave office.
- Make sure patients are supported by staff and excessive wait times are explained.
- Explain any delays for scheduling appointments or appointment times.
- Offer appointment with a nurse or physician assistant for urgent issues.
- Offer to call the patient if earlier appointment slots open.

If you have any questions about the CAHPS survey process, please contact your Provider Network Specialist or email PHWProviderRelations@PAHealthWellness.com.

Sources:
https://www.ahrq.gov/research/findings/nhqrdr/chartbooks/access/elements3.html
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4351276/

Opioids and the Unintended Consequences of COVID-19

In 2020, opioid-related overdoses accounted for more than 91,700 deaths in the United States. Of those, 40% involved prescription opioids. According to the CDC, the age-adjusted rate of overdose deaths increased by 31% year over year from 2019 to 2020[1]. Literature suggests there is a correlation between high dosages of prescription opioids and the risk of both fatal and nonfatal overdose.[2,3,4]

Substantial increases in isolation, stress, and uncertainty alone during the pandemic were difficult for everyone. These paired with decreased access to emergency services, harm reduction services, and substance abuse treatments, likely exacerbated the increase in opioid overdose deaths in 2020.[5] Experts agree that these factors related to the COVID-19 pandemic in 2020 may have propelled the increase in opioid overdose deaths year over year.

The increased need for documentation when submitting a Prior Authorization for opioids parallels with the desire to curb opioid overdose trends in Pennsylvania. For the Medicaid population, Pennsylvania requires that Prior Authorizations must include a Urine Drug Screen that includes tramadol, oxycodone, and fentanyl before approval can be given.[6] Additional documentation regarding the utilization of non-pharmacologic techniques and non-opioid analgesics is also required for the prescription of opioids. Although seemingly a barrier, opioid overdose trends confirm the need for continued hypervigilance from all stakeholders. Pain management can sometimes feel like an impossible balancing act of mitigating discomfort while protecting patients. Our goal at PA Health & Wellness is to partner with you in pain management and become an organization that is easy to work with. As we continue to

progress towards that commitment, we hope that you will walk alongside our team as we work to help our members stay their healthiest.

As life returns to a greater sense of normality, the effects of the COVID-19 pandemic remain heavy in the healthcare community. With your help, we hope to understand and curb the unintended consequences that remain in Pennsylvania. Thank you for your diligent effort in partnering with us to protect our members and transform the health of our communities, one person at a time.

Sources:

[1] CDC. Death Rate Maps & Graphs, Drug Overdose Deaths Remain High. June 2, 2022. Available at https://www.cdc.gov/drugoverdose/deaths/index.html#:~:text=In%202020%2C%2091%2C799%20drug%20overdose,driver%20of%20drug%20overdose%20deaths.

[2] Dunn, K.M., K.W. Saunders, C.M. Rutter, C.J. Banta-Green, J.O. Merrill, M.D. Sullivan, M. Von Korff. 2010. "Overdose and Prescribed Opioids: Associations Among Chronic Non-Cancer Pain Patients." Annals of Internal Medicine 152(2), 85–92.

[3] Gomes, T., M.M. Mamdani, I.A. Dhalla, J.M. Paterson, and D.N. Juurlink, 2011. Opioid dose and Drug-Related Mortality in Patients with Nonmalignant Pain. Arch Intern Med 171:686–91.

[4] Paulozzi L.J., C. Jones, K. Mack, and R. Rudd. 2011. "Vital signs: overdoses of prescription opioid pain relievers—United States, 1999–2008." MMWR 60(43):1487–92.

[5] Volkow ND, Blanco C. Research on substance use disorders during the COVID-19 pandemic [published online ahead of print, 2021 Apr 8]. J Subst Abuse Treat. 2021;129:108385. doi:10.1016/j.jsat.2021.108385.

[6] Pennsylvania Department of Human Services. Prior Authorization of Analgesics, Opioid Short-Acting – Pharmacy Services. January 5, 2021. Available at https://www.dhs.pa.gov/providers/Pharmacy-Services/Documents/Clinical%20Guidelines%20SW%20PDL/Analgesics,%20Opioid%20Short-Acting%2001052021.pdf

Suicide Prevention and the Crisis Lifeline

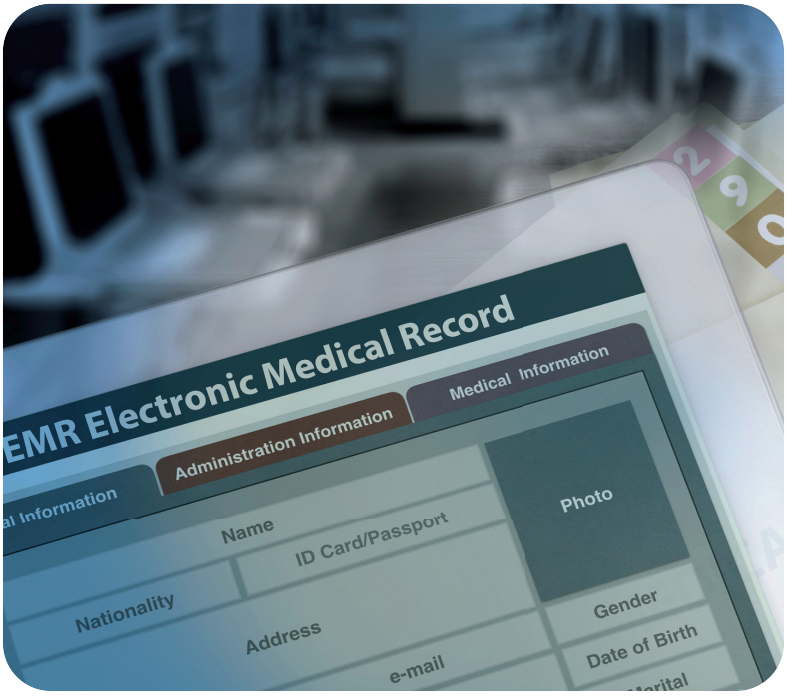
The 988 Suicide and Crisis Lifeline is available for anyone in need.

This crisis lifeline can be used by any individual and their loved ones. 988 connects immediately to mental health crisis support and can be used to call, text or chat – 24/7.

Crisis counselors will listen and work with the individual to understand their problems and share resources for additional help.
For help with a mental health crisis:

Call 988 for:	Call 911 for:
Thoughts of suicide	Someone's life is in danger
Ongoing anxiety or depression	Overdose
Concerns about use of alcohol or drugs	Emergency medical help
Thoughts of hurting yourself or others • Dial 988 to talk (many languages available) • Text 988 for texting (English only) • Chat by visiting: https://suicidepreventionlifeline.org/chat (English only)	Fear for your safety or someone else's

Your mental health is important. PA Health & Wellness can help you find a mental health provider to help you manage your mental health at 1.844.626.6813 (TTY 711)



EMR Access Needed

The New Year is just around the corner and with it comes HEDIS!

Granting PA Health and Wellness access to your electronic medical records will greatly reduce administrative burden so you can prioritize patient care.

Contact your provider relations representative or email William Bates at William.bates@pahealthwellness.com to discuss the next steps.

New **HEDIS** Measures

Advance Care Planning (ACP)

ACP was previously included in HEDIS as one of four indicators in the Care for Older Adults (COA); it is now revised as a new stand-alone measure.

- Description: The percentage of adults ages 66–80 with advanced illness, an indication of frailty or who are receiving palliative care, and adults 81 years of age and older who had advance care planning during the MY.
- To be counted as compliant, a ***discussion*** about advance care planning or documentation of an existing advanced care plan **must be documented** in the medical record on or before December 31, 2022.
- Please note that merely providing educational material about advance care planning will not meet compliance for the ACP measure; a discussion about the advance care planning needs to be documented.

Antibiotic Utilization for Respiratory Conditions (AXR)

This new measure assesses the percentage of episodes for members 3 months of age and older with a diagnosis of a respiratory condition that resulted in an antibiotic dispensing event.

- Tracking antibiotic prescribing for all acute respiratory conditions will provide context about overall antibiotic use.
- Given this new measure, the Antibiotic Utilization (ABX) measure has been retired.

Claims Xten Optimization

Thank you for your continued partnership with PA Health & Wellness (PHW). As you know, PHW continually reviews and updates our payment and utilization policies to ensure that they are designed to comply with industry standards while delivering the best patient experience to our members. As a result of our reviews, PHW will be implementing prepay reviews for several national coverage determinations (NCDs) to be in accordance with CMS guidelines for correct coding effective on or after **11/1/2022**. The prepay edits will only apply to Medicare member claims.

Policy Name	Policy Description	Lines of Business
Claims Xten Optimization – NCD Alignment	Adding prepay reviews for several national coverage determinations (NCDs) to be in accordance with CMS guidelines for correct coding.	Medicare

CONTACT US!

If you have any questions about these changes, please contact our Provider Services team HMO/PPO: **1-855-766-1456; (TTY: 711)** HMO SNP: **1-866-330-9368; (TTY: 711)** or email Provider Relations at PHWProviderRelations@PAHealthWellness.com

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CoC (Continuity of Care)

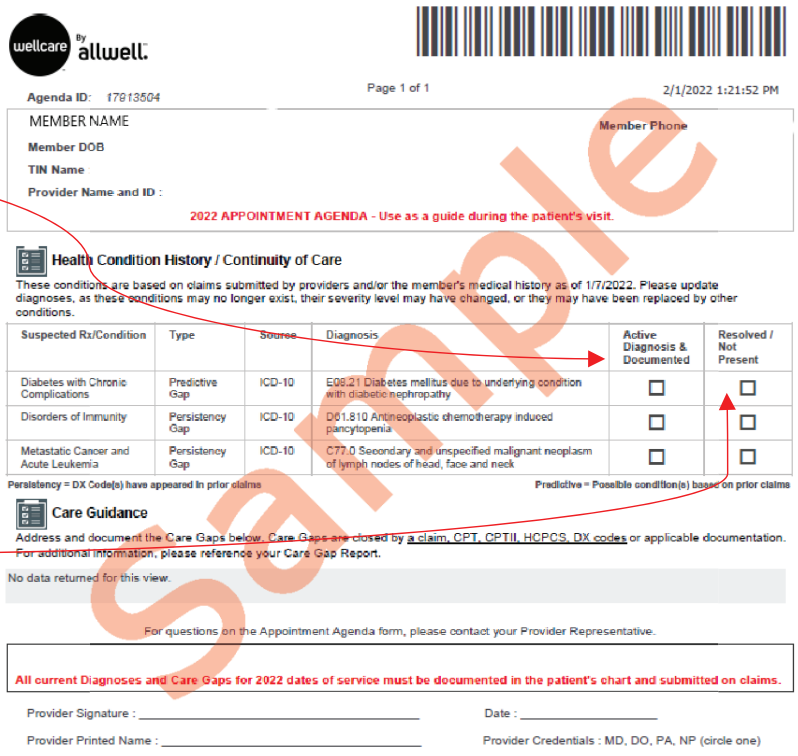
A step-by-step guide to the provider portal and completing appointment agendas

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.



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Agenda ID: 17913504 Page 1 of 1 2/1/2022 1:21:52 PM

MEMBER NAME Member Phone

Member DOB

TIN Name

Provider Name and ID :

2022 APPOINTMENT AGENDA - Use as a guide during the patient's visit.

Health Condition History / Continuity of Care

These conditions are based on claims submitted by providers and/or the member's medical history as of 1/7/2022. Please update diagnoses, as these conditions may no longer exist, their severity level may have changed, or they may have been replaced by other conditions.

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	☐	☐
Disorders of Immunity	Persistency Gap	ICD-10	D61.810 Antineoplastic chemotherapy induced pancytopenia	☐	☐
Metastatic Cancer and Acute Leukemia	Persistency Gap	ICD-10	C77.0 Secondary and unspecified malignant neoplasm of lymph nodes of head, face and neck	☐	☐

Persistency = DX Code(s) have appeared in prior claims Predictive = Possible condition(s) based on prior claims

Care Guidance

Address and document the Care Gaps below. Care Gaps are closed by a claim, CPT, CPTII, HCPCS, DX codes or applicable documentation. For additional information, please reference your Care Gap Report.

No data returned for this view.

For questions on the Appointment Agenda form, please contact your Provider Representative.

All current Diagnoses and Care Gaps for 2022 dates of service must be documented in the patient's chart and submitted on claims.

Provider Signature : _____ Date : _____

Provider Printed Name : _____ Provider Credentials : MD, DO, PA, NP (circle one)

Sample

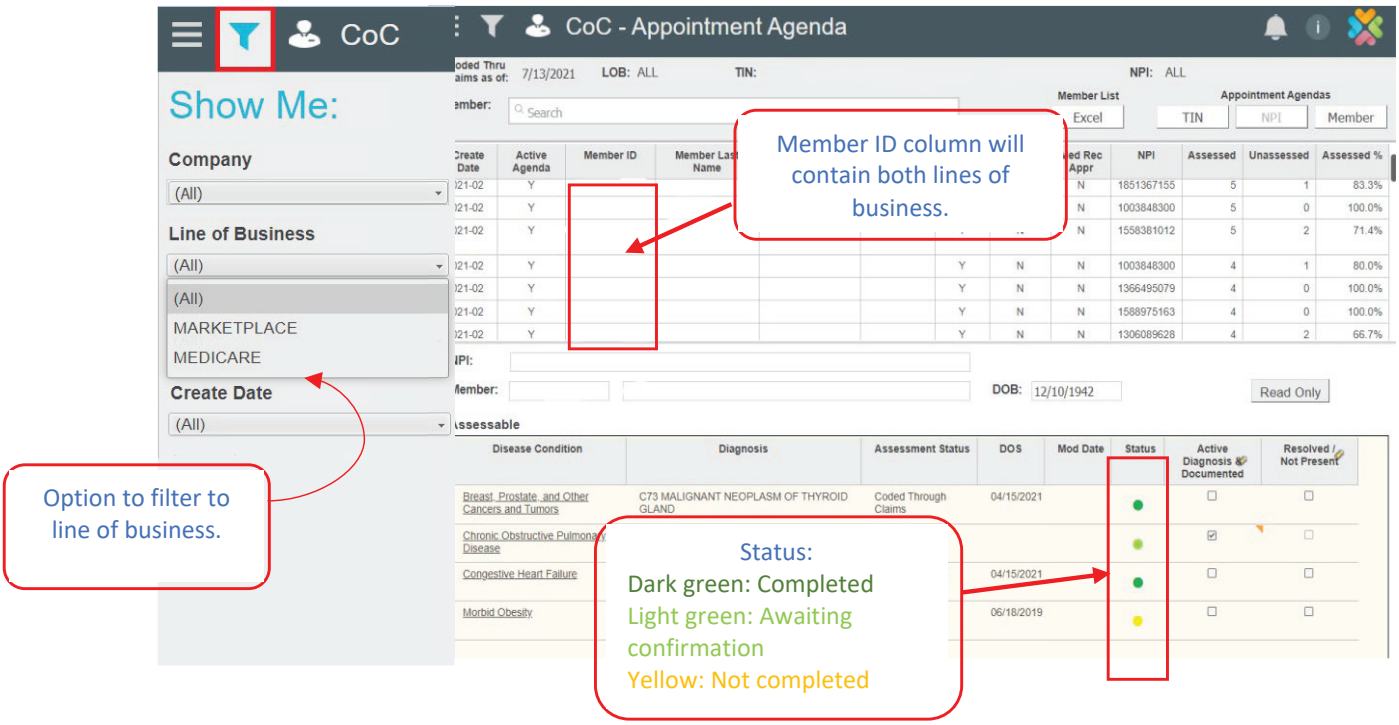
ALL conditions must be addressed for the agenda to be complete

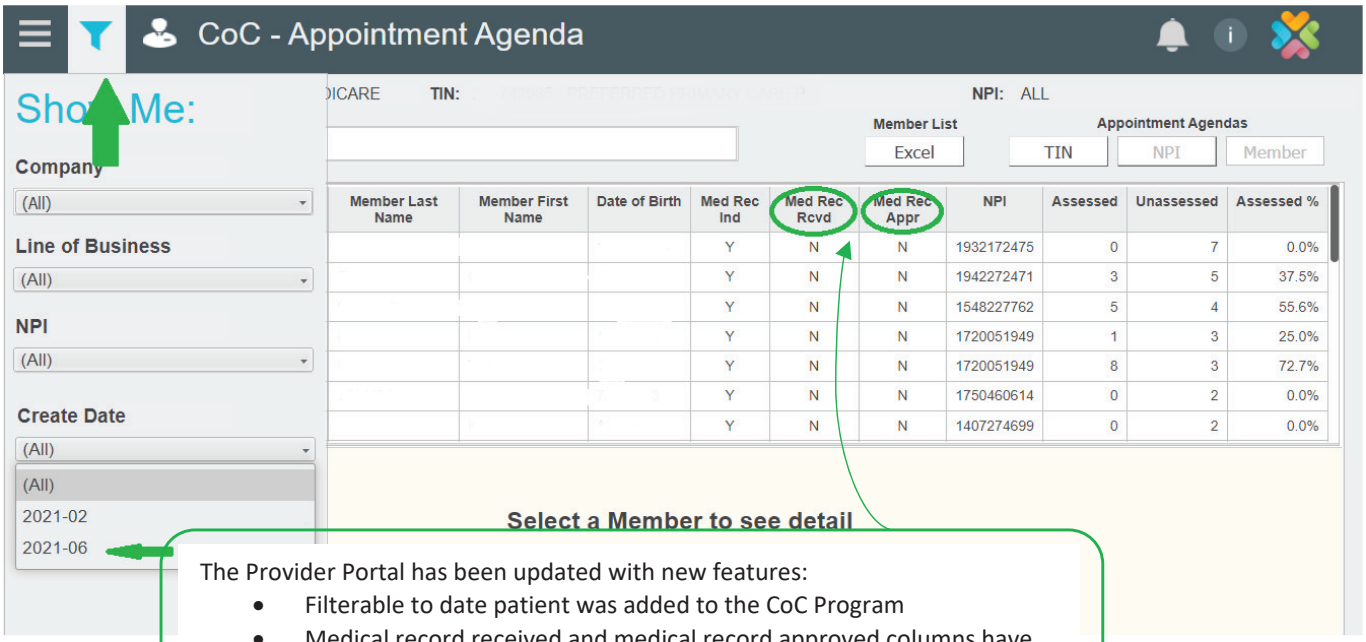
Contact Information

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

Provider Portal Navigation

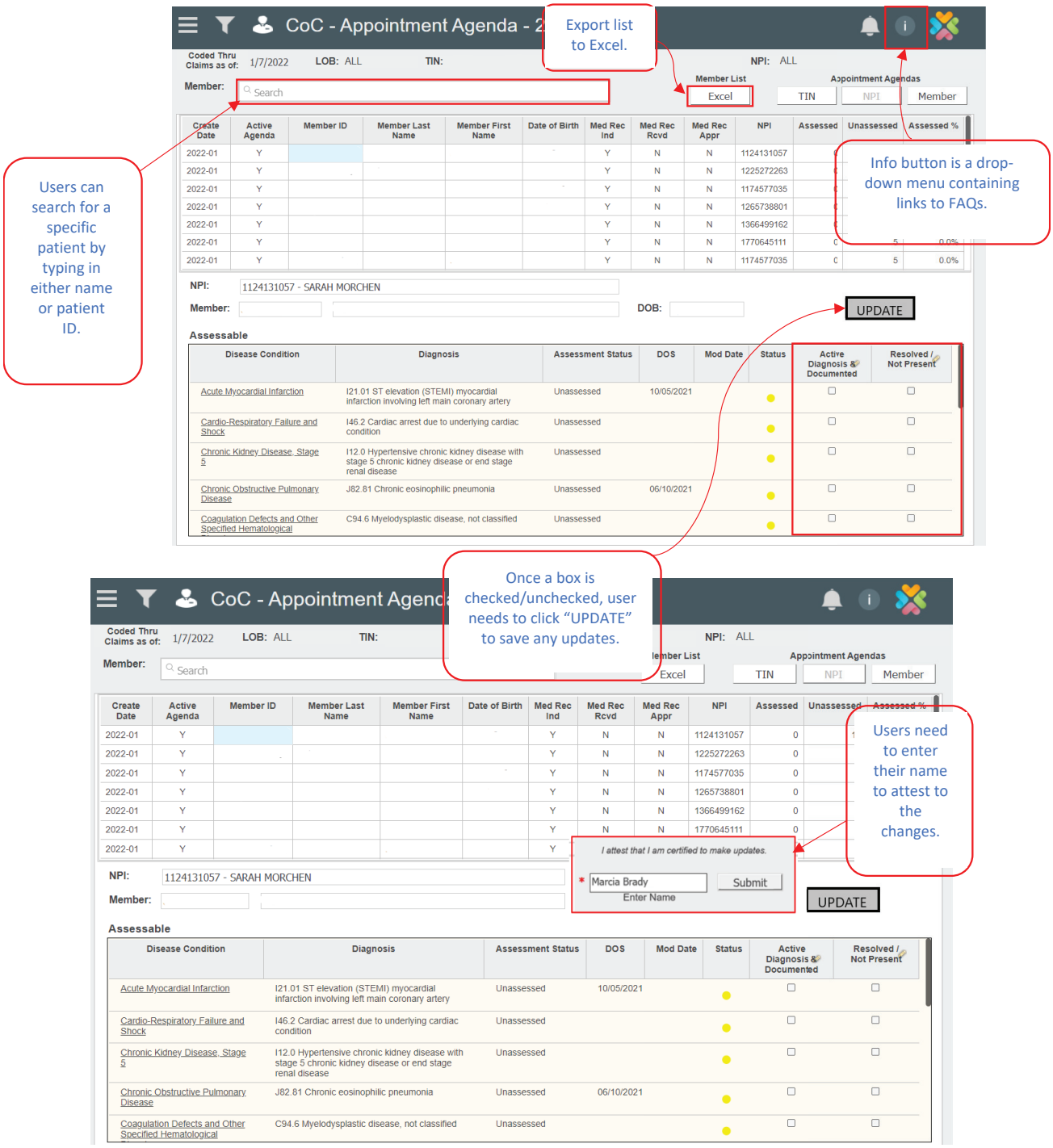
From your home screen, select “Provider Analytics” from the right-hand menu. This will open in a new tab in your browser. Under “Dashboards,” select “CoC-Appointment Agendas-2022.” This again will open a new tab in your browser.





The Provider Portal has been updated with new features:

- Filterable to date patient was added to the CoC Program
- Medical record received and medical record approved columns have been added.



REMINDER:

The 2022 CoC incentive program deadlines are coming up very soon. Please plan ahead as holidays and end of year vacations may impact your ability to complete what you need to in order to qualify for incentive payments.

Deadlines

a. **Member Visit must occur by 12/31/2022** – A qualified member visit must occur by 12/31/2022 at the organization that is completing the Agenda.
b. **Agenda Submission must occur by 1/31/2023** – Any Agenda which is not completed and submitted after this date will not be counted towards the payment incentive.
c. **Claim Submission should occur by 1/31/2023** – The claim must be for a risk adjustable qualified visit and show a visit occurred at the organization the Agenda is assigned. This will ensure payment in early 2023 for anything from Q4. There will be a true up payment for claim lag purposes later in the year.
d. **Portal Log in Must Occur by 12/31/2022** – The provider must log in 3 times in 2022 to trigger payment.

Final Q3 Reminder:
Nursing Facility QIP Deliverables Due

Effective 07/01/2022 PA Health & Wellness rolled out a Quality Incentive Program (QIP) and all in-network Nursing Facilities received an increase to all base per diem rates (Floor or CMI payment levels). This increase will expire 09/30/2022 if you have not met the requirements of the QIP. For further instructions and education on this program, please see the resources* below.

In order to maintain this increase each quarter, Nursing Facilities must complete the following:

1. Supply Participant Information, including:
   - Monthly Census**
   - Notification of admission of NFI participants within 7 days***
   - Copies of PA162 forms (most updated version must be on file, only resubmit if there are changes)
2. Documented participation in PA Long Term Care Learning Network
   - 1 training per facility required for 2022 (tracked by NPI)
   - **NPI must be used when registering for training to receive credit for attendance**
3. Provide Electronic Medical Record (EMR) access by December 1

Notifi cations of qualifi cation for the continuing increase will be sent by mail prior to the beginning of the new quarter. Next notifi cation will be received prior to 9/30/22.

Monthly Census Reporting

- Due the 5th calendar day of the following month Next due 10/5/22.
- Only excel files will be accepted
- Completed excel file should be sent to NF@pahealthwellness.com

Nursing Facility Ineligible (NFI) Admit Notification

- Due the 7th calendar day after the NFI admission
- Only requires submission if there has been a new NFI admission
- Only excel spreadsheets provided by PHW will be accepted
- Completed excel file should be sent to NF@pahealthwellness.com

Full reporting instructions for the Quality Incentive Program can be found on the PA Health & Wellness website at https://www.pahealthwellness.com/content/dam/centene/Pennsylvania/pdfs/QIP%20Reporting%20Instructions.pdf.

Contact Us! If you have questions regarding the QIP please reach out to your assigned Provider Network Specialist. If you are unsure of who your Provider Network Specialist is you can reach us at PHWProviderRelations@pahealthwellness.com and we will connect you.

Reminder: DSNP Providers

2022 Model of Care (MOC) Now Available! Annual Completion Required

What is the Medicare Model of Care (MOC) Training?

This information is offered to meet the CMS regulatory requirements for Model of Care (MOC) Training for our Wellcare by Allwell DSNP product. It also ensures all employees and providers who work with our SNP members have the specialized training this unique population requires. The MOC is a quality improvement tool that ensures the unique needs of each beneficiary enrolled in a Special Needs Plan (SNP) are identified and addressed.

You can view the required training materials here:

Wellcare by Allwell Model of Care 2022(PDF).

https://www.pahealthwellness.com/content/dam/centene/Pennsylvania/pdfs/Wellcare%20MOC%202022.pdf

The training information has been condensed into handout format for your review, no webinar will be offered.

Once you have completed reviewing these materials please complete the online attestation here:

Required Model of Care Attestation

https://www.pahealthwellness.com/providers/provider-training/moc-training-attestation.html

Important: Your **training requirement** will not be satisfied until we receive your **completed** Attestation.

*Please remember to include all tax identification numbers (TINs) that you are representing when completing the attestation form.

*Only 1 person per TAX ID needs to complete. If your organization has multiple TAX IDs - please list them all on your Attestation.

Contact Us! If you have any questions regarding this training, please contact our Provider Training team at: providertraining@pahealthwellness.com or reach out to your dedicated Provider Network Specialist.

All-In-One Coverage
with Extra Benefits

When a dual eligible individual is in enrolled in aligned benefit plans, one health plan (or "MCO") is responsible for their Medicare and Medicaid coverage. This results in greater coordination, simplicity and efficiency...and a better member (and provider) experience!

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
- Preventative Services
- More rides to doctor's appointments
- Lab Services
- One call for Customer Service
- One Card to carry
- Care team to plan and coordinate care
- No additional cost
- Caregiver Support

Visit our website at www.wellcare.com/allwellPA
Contact us at: HMO/PPO:1-855-766-1456 (TTY: 711) HMO SNP: 1-866-330-9368 (TTY: 711)
October 1 to March 31, 7 days per week, 8 a.m. to 8 p.m.
April 1 to September 30, Monday through Friday 8 a.m. 8 p.m.

A messaging system is available after hours, weekends & federal holidays.

Wellcare By Allwell Changing Peer-to-Peer Review Request and Elective Inpatient Prior Authorization Requirements for Medicare Advantage Plans

To reduce administrative burden on our provider partners, Wellcare By Allwell is making the following changes to both our peer-to-peer review request requirements and elective medical inpatient authorization process. This will impact peer-to-peer and elective medical inpatient authorization requests received on or after the elective dates outlined below.

Peer-to-Peer Review Requests Change Effective 10/1/2022

In order to ensure accurate delivery and reimbursement for medically necessary services to our members, Wellcare by Allwell is updating our requirements for peer-to-peer review effective 10/1/2022 to the following:

- Peer-to-peer review requests will be allowed up to two (2) business days after Integrated Denial Notice or day of discharge, whichever is later.
- Peer-to-peer outreach will be completed within 2 business days of peer-to-peer review request.
- If provider is not reached, a voice mail will be left (if possible) giving provider one business day to respond.
- If the provider does not respond within the stipulated timeframe, Wellcare will be unable to proceed with peer-to-peer request.

No changes are being made to existing peer-to-peer timeframes or processes for pre-service requests.

Elective Medical Inpatient Authorization Process Change Effective 11/1/2022

To provide increased flexibility and better align with industry best practices, we are making the following changes to our elective medial inpatient authorization process effective 11/1/2022:

- The prior authorization span for elective inpatient admissions will be increased to 60 (sixty) days for dates of service on or after 11/1/2022.
- If the planned admission date exceeds the authorized date span of 60 days, a new authorization span is required.
- Elective Inpatient Prior Authorization numbers will now start with the prefix of OP instead of IP.
- Notification of admission is required within one (1) business day of admit. At the time of admission notification, a new authorization number for the admission will be provided with the IP prefix. Failure to provide timely notification may result in a denial of payment.

As a reminder, all planned/elective admissions to the inpatient setting require prior authorization. Prior authorization should be requested at least five (5) days before the scheduled service delivery date or as soon as need for service is identified. If prior authorization is not on file at the time of elective admission, the service is considered retrospective and provider should follow the appropriate retrospective request process as communicated in the provider notice. Emergent admissions do not require prior authorization.

Medicare Prior Authorization

List effective 10/1/2022

Wellcare By Allwell requires prior authorization (PA) as a condition of payment for many services. This Notice contains information regarding such prior authorization requirements and is applicable to all Medicare products offered by Wellcare By Allwell.

Wellcare By Allwell is committed to delivering cost effective quality care to our members. This effort requires us to ensure that our members receive only treatment that is medically necessary according to current standards of practice. Prior authorization is a process initiated by the physician in which we verify the medical necessity of a treatment in advance using independent objective medical criteria and/or in network utilization, where applicable.

It is the ordering/prescribing provider's responsibility to determine which specific codes require prior authorization.

Please verify eligibility and benefits prior to rendering services for all members. Payment, regardless of authorization, is contingent on the member's eligibility at the time service is rendered. NON-PAR PROVIDERS & FACILITIES REQUIRE AUTHORIZATION FOR ALL HMO SERVICES EXCEPT WHERE INDICATED.

For complete CPT/HCPCS code listing, please see Online Prior Authorization Tool on our website at https://www.pahealthwellness.com/providers/preauth-check/medicare-pre-auth.html.

Effective October 1st, 2022, the following are changes to prior authorization requirements:

Service Category	Change	Services	Procedure Codes
Wound Care	Remove PA	Excision of pressure ulcers	15920, 15922, 15931, 15933, 15934, 15935, 15936, 15937, 15940, 15941, 15944, 15945, 15946, 15950, 15951, 15952, 15953, 15956, 15958
		Burn debridement and dressing	16000, 16020, 16025, 16030, 16035, 16036
		Ablative laser treatment, electromagnetic therapy	0491T, 0492T, G0329
	Add PA	Non-selective debridement, negative pressure wound treatment, low-frequency ultrasound	97602, 97605, 97606, 97607, 97608, 97610
	Add PA after 12 visits per calendar year	Wound Debridement	11004, 11005, 11008, 11011, 11012, 11042, 11043, 11044, 11045, 11046, 11047

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/6349024160936146 08

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.

Pharmacy Related Questions or Concerns?

Providers can reach out to the PHW Pharmacy team at **PharmacyEscalationsPHW@Centene.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

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