

PA Health & Wellness Quick Reference Guide



January 2026

PAHealthWellness.com

CONVENIENT SELF-SERVICE

PA Health & Wellness understands that having access to the right tools can help you and your staff streamline day-to-day administrative tasks. **The Provider Portal is the fastest way to get help with those routine tasks.** Keep this Guide accessible to make pre-visit planning and post-visit tasks quick and easy. Using a secure Provider portal is the fastest way. Log on to our Secure Provider Web Portal at provider.pahealthwellness.com or Availity Essentials at www.availity.com.

	Secure Portal	(IVR) Interactive Voice Response
Authorization Requirements/Status	PHW Portal or Availity	Available
Authorizations Request	PHW Portal or Availity	N/A
Benefit/Copayment Information	PHW Portal or Availity	Available
Eligibility Verification	PHW Portal or Availity	Available
Submit Appeals/Claims/ Claims Reconsideration/Corrections	PHW Portal or Availity	N/A

HELPFUL LINKS

[PHW Portal Registration](#)
[Forms](#)
(AOR, Auth, Claims and more)

[Joining our Network](#)
[Resources](#)
(Manual and Guides)

[Availity Registration](#)
[Interpreter Request Form](#)
(Additional Resources)

IMPORTANT PHONE NUMBERS

PROVIDER SERVICES PHONE (IVR)
1-844-626-6813 (TTY:711)

INTERPRETER SERVICES
1-844-626-6813 (TTY:711)

FRAUD, WASTE & ABUSE HOTLINE
1-866-685-8664

ADULT PROTECTIVE SERVICES HOTLINE
1-800-490-8505

COMMUNITY CONNECTIONS HELP LINE
1-866-775-2192

NURSE ADVICE LINE (24 hours)
1-844-626-6813 (TTY: 711)

HEALTH PLAN PARTNERS

Contracted Networks

VISION
Envolve
Phone: 1-800-531-2818

DENTAL
Envolve
Phone: 1-844-524-8255

TRANSPORTATION
MTM
Phone: 1-833-750-4504

NOTE: Please refer to the member ID card to determine appropriate authorization and claims submission process.
This guide is not intended to be an all-inclusive list of covered services under the Health Plan.

CLAIM SUBMISSION INFORMATION

SUBMISSION INQUIRIES

EDI team email: EDIBA@centene.com

Phone: **1-800-225-2573, Ext. 25525**

PAYER ID: 68069

Visit our [Resources](#) page to locate claim forms and guidelines.

Timely Filing guidelines: 180 days from date of service.

EFT

Register: payspanhealth.com or call **1-877-331-7154**.

Email: providersupport@payspanhealth.com.



MAIL PAPER CLAIMS TO:

PA Health & Wellness
Attn: Claims Department
P. O. Box 5070
Farmington, MO 63640

PA Health & Wellness does not accept handwritten, faxed or replicated claim forms. PA Health & Wellness does not accept media storage devices such as CDs, DVDs, USB storage devices or flash drives.

PHARMACY SERVICES

Rx BIN

003858

Rx PCN

MA

Rx GRP

2FBA

Phone: **1-833-750-4504**

pahealthwellness.com/providers/pharmacy.html

PRIOR AUTHORIZATION (PA) LIST

A **Pre-Auth Needed tool** is available to determine if prior authorization is required. Detailed Prior Authorization list and important PA information can be found in the **Prior Authorization Guide**. Most current information can be found within the Pre-Auth tool.

For fastest results, submit requests **online** using the associated **PA forms**.

Inpatient Fax: 1-844-307-0997

Outpatient Fax: 1-844-307-0997

Pharmacy Prior Authorizations Fax: 1-844-205-3386

Urgent Authorization Requests and Admission Notifications: 1-844-626-6813 (TTY 711)

Notification is required for Inpatient Hospital admissions **by the next business day** (except normal maternity delivery admissions). Phone authorizations must be followed by a fax submission of clinical information.

NOTE: Please refer to the member ID card to determine appropriate authorization and claims submission process.

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Electronic Visit Verification (EVV)

To meet State and Federal Electronic Visit Verification (EVV) compliance requirements PHW providers must achieve 85% of EVV records for verified visits without manual edits on a quarterly basis for both personal care services (PCS) and home health care services (HHCS). This EVV requirement is in addition to provider's responsibility for maintaining consistent and accurate patient records. Additional information on EVV can be found out at [PA Health & Wellness Electronic Visit Verification](#) and [HHAexchange EVV Support Center](#).

Self-Audit Protocol

Providers are encouraged to voluntarily disclose and return Medicaid (MA) overpayments within 60 calendar days of identification. While disclosure is voluntary, providers are required to promptly return any inappropriate payments. Overpayments identified through a self-audit should be returned to PA Health & Wellness, if applicable, and self-disclosed directly to DHS per the DHS Self-Audit Protocol. Disclosures may be submitted via the [PA Health & Wellness self-audit form](#) (email, mail, or online). Refunds should be processed through claim adjustments when possible or submitted by check with a list of impacted claims.

If you need assistance or are unsure who your Provider Representative is, email phwproviderrelations@pahealthwellness.com.