Provider Newsletter

pa health & wellness | ambetter. FROM pa health & wellness | wellcare By allwell.

Volume 21

INTRODUCING...

Radhika Vachhani, MD

I am excited to join PA Health & Wellness as a Medical Director. I am board certified in Internal Medicine and Pediatrics with a passion for access to care, which has helped shaped my career thus far and brought me to this role.

Outside of work, I love spending time with my two young daughters, Zara and Asha. We love to travel, try new foods, and cheer on our Philly sports teams. Go Birds!

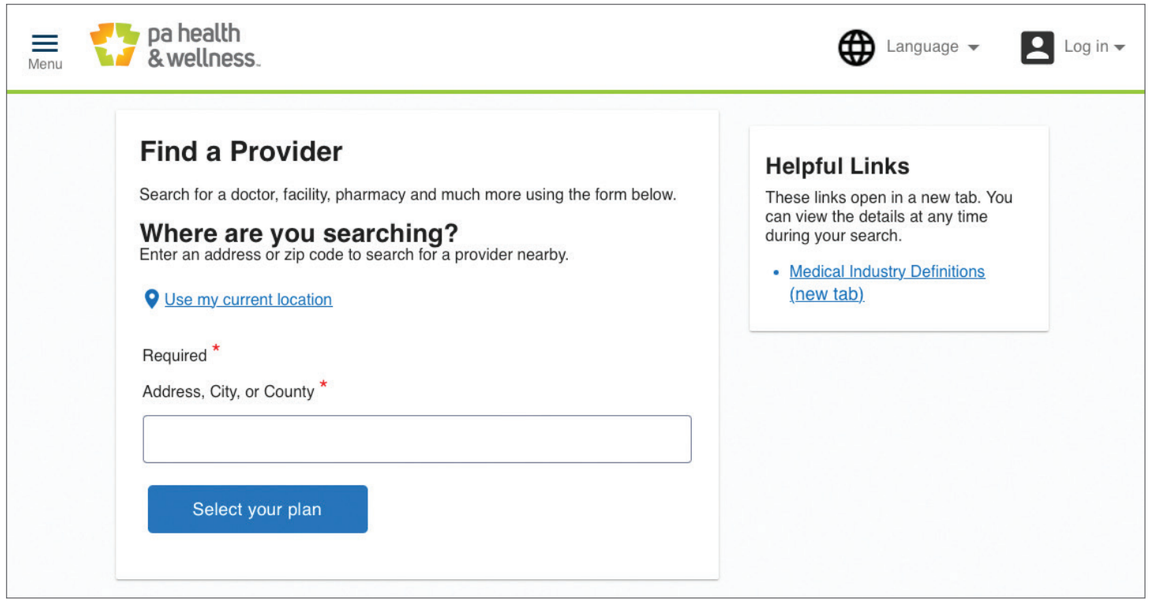
WELCOME TO pa health & wellness

Your Patients are Much More Likely to Protect Themselves From the Flu With Your Support.

HELP PREVENT THE FLU: ENCOURAGE VACCINATION

Your relationship with your patients is one of trust and your conversations are impactful.
Please speak openly with your patients about vaccines to help them decide what protection is best for them.

1. Make a strong, declarative statement that your patient is due for a flu vaccine followed by safety information. Your recommendation decreases vaccine hesitancy.
2. Let your patients who choose to get a vaccine know where they can receive one and offer to complete it at the end of the visit whenever possible.
3. Consider creating standing orders so that others can vaccinate without your direct order.
4. Follow up with your patients to ensure they get vaccinated or are taking appropriate protective measures.
5. Address any questions or concerns your patients have using the Ask-Tell-Ask model.
6. Add a check-in about your patients' vaccine status after a routine event during each appointment.

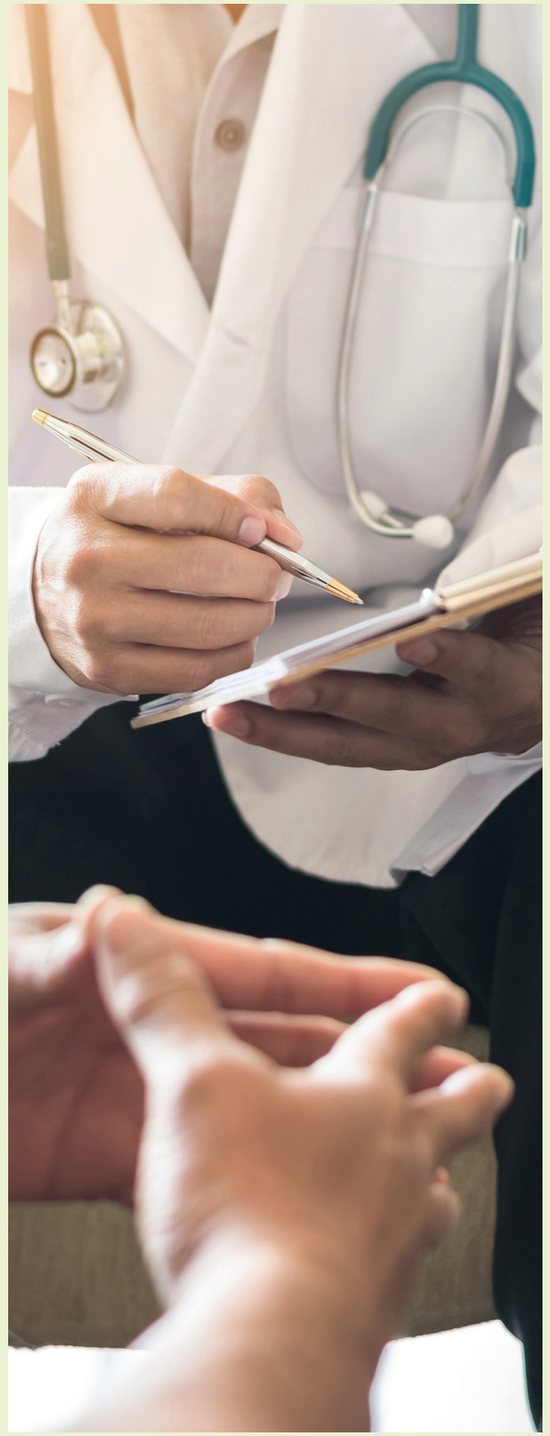


Provider Data Management Updates

PA Health and Wellness (PHW) is committed to maintaining the accuracy of our Provider information for our members. We aim to uphold the integrity of our "Find A Provider" directory and will be performing audits via phone to ensure it represents the most accurate data. To assist us in delivering the most reliable information, please ensure the following:

- reported office phone numbers are those to be used by participants to schedule appointments
- report Providers status changes in a timely manner, for example: Left the group, retirement, etc.
- Provider specialties are listed within with CAQH and/or NPPES
- advise of updates to providers panels – example: Age or gender restrictions, open or closed panels, hat code (Primary Care Provider vs. Specialist), etc.
- CAQH will be required to be attested to and up to date at time of recredentialing, which is performed every 3 years

This information should be reported during enrollments and if there are any changes to a Provider status. Please report all demographic updates to ProviderData mailbox at the following email address: PHWproviderdata@pahealthwellness.com.



Meeting Appointment Accessibility Standards Updates

Are your patients able to obtain the services when they are needed?
Availability is key to participant care and treatment outcomes. PA Health & Wellness does monitor compliance with these standards quarterly and uses 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 Here:

1. CHC & Medicare: https://www.pahealthwellness.com/providers/resources/forms-resources.html
2. Marketplace: https://ambetter.pahealthwellness.com/provider-resources/manuals-and-forms.html

24 Hour Access

PA Health & Wellness PCPs and Specialty Physicians are required to maintain sufficient access to facilities and personnel to provide covered physician services and shall ensure that such services are accessible to Participants as needed 24 hours a day, 365 days a year as follows:

- A Provider's office phone must be answered during normal business hours
- Outside of regular business hours, a Provider must have arrangements for one of the following:
  - Access to a covering physician
  - An answering service
  - Triage service
  - A voice message that provides a second phone number that is answered
  - Any recorded message must be provided in English and Spanish, if the Provider's practice includes a high population of Spanish speaking Participants

Provider Self-Audit Protocol

PA Health & Wellness encourages providers to voluntarily come forward and disclose overpayments or improper payments of Medicaid (or Medical Assistance (MA)) funds. While providers have a legal duty to promptly return inappropriate payments that they have received from the MA Program, the use of the protocol is voluntary. The protocol simply provides guidance to providers on the preferred methodology to return inappropriate payments. Details on the DHS Self-Audit Protocol may be found on the DHS Website: https://www.dhs.pa.gov/about/Fraud-And-Abuse/Pages/MA-Provider-Self-Audit-Protocol.aspx. Providers should return any payments identified through this protocol directly to PA Health & Wellness if applicable but must also make the self-disclosure directly to DHS.

At any time a provider believes that they have been inappropriately paid by PA Health & Wellness, they should promptly contact PA Health & Wellness to disclose and return the inappropriate payment(s):

1. Provider Self-Audit findings should be disclosed to PA Health & Wellness using the Provider Self-Audit Disclosure Form located at https://www.pahealthwellness.com/providers/resources/forms-resources.html via email to PHWFWA@PaHealthWellness.com or by mail to:

   PA Health & Wellness
   Compliance
   1700 Bent Creek Blvd.
   Suite 200
   Mechanicsburg, PA 17050

2. Provider Self-Audit findings may also be disclosed to PA Health & Wellness using the online web-form, located here: https://www.pahealthwellness.com/providers/resources/provider-self-audit.html
3. To the extent that payments can be returned through the claim adjustment process, the provider should follow the claim adjustment instructions in the located in the Provider Billing Manual. Otherwise, providers should send refund checks made payable to the "**PA Health & Wellness**" to the following address:

   PA Health & Wellness
   P.O. Box 3765
   Carol Stream, IL 60132-3765

*Refund checks should be accompanied by the list of the impacted claim(s).

Reminder: Balance Billing Participants is Prohibited

PA Health & Wellness works to ensure that our Participants are never inappropriately held financially liable for the care they receive. Providers in the PA Health & Wellness Network may not bill Participants for medically necessary services that PA Health & Wellness covers. This is considered is called balance billing. Balance billing occurs when a participating provider bills a Participant for fees and surcharges above and beyond a Participant's copayment and coinsurance responsibilities for services covered under the Community HealthChoices (CHC) program, or for claims for such services denied by PA Health & Wellness.

Participating Providers reported or suspected of balance billing Participants will be contacted by PA Health & Wellness and are subject to disciplinary action. For more information, please reference the PHW Provider Billing Manual and other resources located at https://www.pahealthwellness.com/providers/resources/forms-resources.html.

Electronic Visit Verification (EVV)

Our ability to effectively ensure PHW participants are receiving approved services, and our participating providers are properly reimbursed for authorized care services depends on effective compliance. To meet Federal and State Electronic Visit Verification (EVV) compliance requirements, effective with all dates of service on and after January 1, 2025, PHW requires Providers to achieve a minimum of 85% EVV compliance rates on a quarterly basis.

Providers who are not able to maintain a minimum quarterly EVV compliance rate of 85% or greater, will be subject to corrective action up to and including contract termination.

Providers are strongly encouraged to review Medical Assistance Bulletin 05-25-03 et al. to ensure they understand these requirements.

Community Based Services (HCBS) Annual Training for Provider Type 59 Available now!

The 2025 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. Please visit https://www.pahealthwellness.com/providers/provider-training.html for full information, training registration and to complete your training attestation.

Adult Annual Dental Visit (AADV)

Did You Know?

A smile is a key indicator of overall health and well-being. Good oral health practices, including routine dental visits are closely linked with more positive physical and mental health outcomes. Poor oral health can exacerbate chronic medical conditions, including diabetes.

Untreated gum disease makes it harder for people with diabetes to manage their blood glucose levels.[1] Diabetes raises the risk of developing gum disease by 86%.[2]

Measure Description

Pennsylvania AADV Measure - The percentage of adults who had at least one dental visit in the measurement year.

Key Tips

Educate patients on the connection between oral and physical health:

- Stress the need for regular dental visits, even for patients who wear dentures.
- Older adults are at higher risk of oral cancer, especially if they currently use or previously used tobacco products.
- Diabetes and Cardiovascular Disease are negatively impacted by periodontal disease, which creates systemic inflammation.
- Dry mouth can present patients with challenges in speaking, chewing, swallowing, and wearing dentures, as well as exacerbate periodontal disease and tooth decay.

How Can You Help?

- Gap closure requires a visit with a dental practitioner generating a dental claim. Please encourage your patients to visit the dentist if they have not done so in the last 6 months.
- If patients have concerns about the cost of dental check ups and treatment, please share that PA Health & Wellness covers two periodic oral exams and cleanings per year, as well as all medically necessary dental services, including x-rays, fillings, crowns, dentures, and extractions. Patients with Medicare may have additional primary dental coverage.
- If a patient does not have a dentist, please refer the patient to PHW member services at 1-844-626-6813 (TTY711) to find a dental provider.

References:

1. Preshaw PM, Bissett SM. Periodontitis and diabetes. *British Dental Journal*. 2019; 227: 577–584; Teeuw WJ, et al. Effect of periodontal treatment on glycemic control of diabetic patients: A systematic review and meta-analysis. *Diabetes Care*. 2010 Feb; 33(2): 421-427.
2. Baranowski MJ, et al. Diabetes in dental practice-review of literature. *Journal of Education, Health and Sport*. 2019; 9(2), 264-274.

Antibiotics Use

Antimicrobial resistance continues to be one of the top public health threats and was directly responsible for over[1] million deaths in 2019, globally.[2] Antibiotic overuse and misuse are root causes for the development of drug-resistant pathogens, which have had increased rates of infection in the United States since 2019.[3]

PA Health & Wellness works to partner with providers to mitigate the threats of antimicrobial resistance through prescriptive assessment of antibiotics. Two specific diagnoses monitored are Acute Bronchitis/Bronchiolitis and Upper Respiratory Tract Infection, as they may not require antibiotics for treatment. Viral infections are the main culprit for these diagnoses, unless there is a competing comorbidity, such as COPD, emphysema, and chronic bronchitis. One way that prescribers can partner with our team, is through communication of these comorbidities through claims as an ICD-10 (diagnosis coding).

Description	<ICD-10-CM> Diagnosis**
Chronic obstructive pulmonary disease	<J44.0, J44.1, J44.9, J47.0, J47.1, J47.9>
Emphysema	<J43.0-J43.2, J43.8, J43.9>
Chronic bronchitis	<J41.0, J41.1, J41.8, J42>

Our goal is to assist providers with recognition through communication, and to recommend best practice regarding antibiotics and claims coding around these prescriptions. As we work together to decrease the risk of resistance in Pennsylvania, we look forward to continuing our journey to become the best partner for you and your teams!

[1] https://www.who.int/news-room/fact-sheets/detail/antimicrobial-resistance
[2] https://www.cdc.gov/antimicrobial-resistance/data-research/facts-stats/index.html
[3] https://www.cdc.gov/antimicrobial-resistance/media/pdfs/antimicrobial-resistance-threats-update-2022-508.pdf

Let's Finish 2025 Strong: Quick Wins for Q4

There's still time to help your Wellcare by Allwell patients wrap up important care before December 31. A little focused outreach now—especially for D SNP members—goes a long way for health outcomes, experience, and year end quality results.

1) Make the Annual Wellness Visit (AWV) your hub

The AWV is a simple, once per year touchpoint that lets you close multiple gaps in one visit—medical review, risk screenings, preventive plan, referrals, and more. Pair it with flu shots (and, when appropriate, COVID/RSV) so patients don't need a second trip.

Try this:

- Call patients who had an AWV in 2024 but not in 2025.
- Use your EHR to add AWV + vaccine prompts so staff can offer them automatically.

2) Focus on the "big six" gaps

Aim your reminders and standing orders at the measures that most often remain open in Q4:

- **Breast cancer screening**
- **Colorectal cancer screening**
- **Diabetic care: A1c, KED, and retinal exam**
- **Flu Prevention**
- **Statins: SUPD and SPC**
- **Med rec post discharge (TRC)**

3) Remind patients about My Wellcare Rewards

Many members can earn rewards for closing care gaps (AWV, screenings, vaccines). Point them to the member portal or the Wellcare+ app to see what's available—mentioning a reward at checkout or during outreach often boosts follow through.

VBID notice (required): Pennsylvania Health & Wellness, Inc. has been approved by Medicare to offer these benefits as part of the Value Based Insurance Design (VBID) Model. These benefits are available only to eligible members and may vary by plan. For details, please refer to the Evidence of Coverage or call Member Services at the number on your ID card.

4) Save time with the Provider Portal

The portal is the fastest way to check eligibility/benefits, look up authorizations, upload documents, and track claims—especially handy as volumes spike late in the year. If your account shows "**pending verification**," email Provider Relations for a quick verification so your team isn't stuck.

Quick links:

- **Provider Portal:** provider.pahealthwellness.com
- **Plan Benefit Materials:** wellcare.pahealthwellness.com/plan benefit materials.html
- **Video Library:** wellcare.pahealthwellness.com/video library.html

5) Friendly compliance reminders

- **Bill what you did, and document what you bill.** Avoid unbundling or upcoding; accurate notes protect you and your patients.
- **Check exclusion/preclusion lists monthly for staff and downstream entities**—Medicare can't pay for services from excluded/precluded parties.
- **See something? Say something**. Report suspected fraud, waste, or abuse anytime. Hotline **1-866-685- 8664** (anonymous options available).

6) Three easy actions this month

1. **Run your gap lists** and call patients with multiple open items.
2. **Hold "catch up" blocks** for AWVs, vaccines, and labs.
3. **Mention Rewards** in every outreach and checkout conversation.

We're here to help

- **Provider Services (IVR):** HMO/PPO **1-800-977-7522**; **DSNP 1-844-796-6811** (TTY 711)
- **Provider Relations (verification/training):** phwproviderrelations@pahealthwellness.com

Together, we can help your patients check off the most important care before year end—and set them up for a healthier 2026.

Care For Older Adults (COA)

Assesses members ages 66 and older who had each of the following

- Medication Review
- Functional Status Assessment

Why does it matter

As a person ages, physical and cognitive function may decline, and pain can become more prevalent. Older adults may also be taking multiple medications. Identifying areas of concern and addressing them helps ensure that older adults receive the care they need to optimize their quality of life.

Medication Review

Evidence of Medication Review:

- Conducted by a prescribing physician or a Clinical Pharmacist
- Signature is evidence that medications were reviewed
- If no signature, a review statement must be present

AND

Presence of Comprehensive Medication List:

- Medication lists may contain the names of medications only (does not need the dosage/frequency).
- An EMR standalone list is acceptable if there is documentation to indicate it was reviewed by the appropriate provider.

OR

Documentation that the member is taking no medications

Medication Review MAY be performed without the member present

Medication Review May Not be performed in an in-patient setting

Functional Statius Assessment

Notation for a complete functional assessment must include **ONE** of the following

Activities of Daily Living (ADL): Notation that at least five of the following were assessed.
Bathing, dressing, eating, using the toilet, walking, transferring (getting in and out of bed/chair)

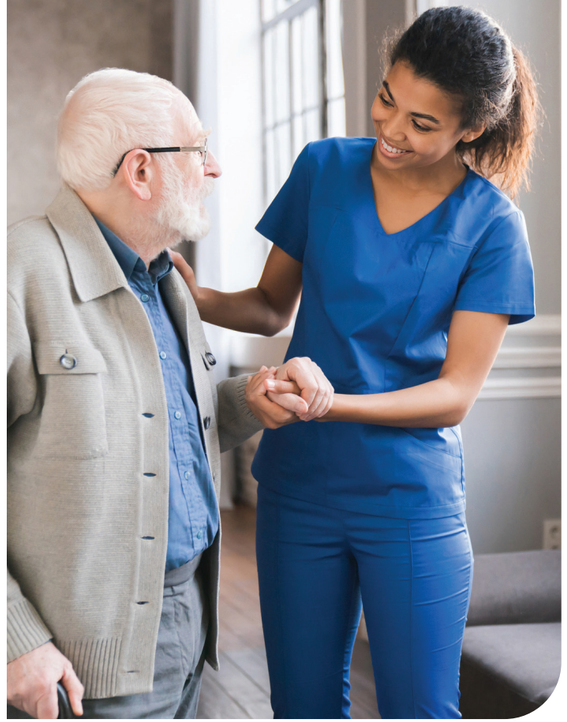
Instrumental Activities of Daily Living (IADLs): Notation that at least four of the following were assessed
Shopping for groceries, driving or using public transportation, using the telephone, cooking or meal preparation, housework, home repair, laundry, taking medications, handling finances.

Result of an Assessment using a standardized functional assessment tool.

SF-36®, Assessment of Living Skills and Resources (ALSAR), Barthel ADL Index Physical Self-Maintenance (ADLs) Scale©, Bayer ADL (B-ADL) Scale, Barthel Index©, Edmonton Frail Scale©, Extended ADL (EADL) Scale, Groningen Frailty Index Independent Living Scale (ILS), Katz Index of Independence in ADL©, Kenny Self-Care Evaluation, Klein-Bell ADL Scale Kohlman Evaluation of Living Skills (KELS), Lawton & Brody's IADL Scales©, Patient Reported Outcome Measurement Information System (PROMIS) Global or Physical Function Scales©

Note: This is a list of acceptable standardized functional status assessment tools and are not all-inclusive.

Description	Codes
	CPT: 90863, 99605, 99606, 99483, 99495, 99496 **CPT-CAT-II:** 1159F, 1160F **HCPCS:** G8427
Functional Status Assessment	**CPT:** 99483 **CPT-CAT-II:** 1170F **HCPCS:** G0438, G0439



Annual Wellness Visit

- The annual wellness visit improves patient outcomes and is a good way for providers to optimize revenue, especially when paired with another billable service.
- The annual wellness visit is covered every 12 months (365 days at PA Health & Wellness). The patient pays nothing if only the AWV takes place. If paired with another service, there may be a fee or copayment.
- The aim of the AWV is to develop/update a Personalized Prevention Plan (PPP) and complete a Health Risk Assessment (HRA).
- Your office nurse can complete sections of the AWV services via Telehealth prior to your patient's scheduled appointment. Services include patient reported blood pressure, completing your patients Health Risk Assessment (HRA), COA-Functional Status and scheduling your patient's appointment.

Community HealthChoices | wellcare By allwell

Wellcare by Allwell Model of Care 2025 now available

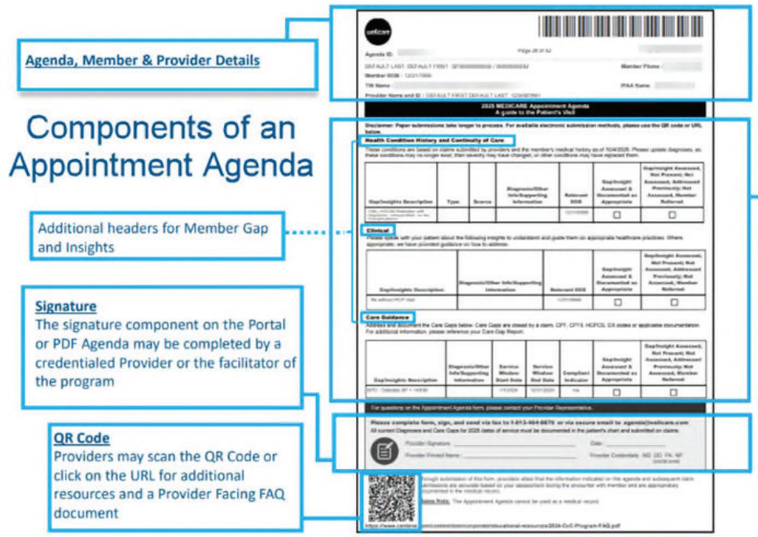
The Centers for Medicare & Medicaid Services (CMS) require health plans to provide annual education regarding our Special Needs Plan (SNP) Model of Care to providers who treat our SNP members.

This applies to our Dual Eligible Special Needs Plan (D-SNP) members, who are eligible for both Medicare and Medicaid, and our Chronic Condition Special Needs Plan (C-SNP) members.

As stated in our provider manual, all providers who treat our SNP members, regardless of network participation status, must complete Model of Care (MOC) training annually by Dec. 31. Please visit https://www.pahealthwellness.com/providers/provider-training.html for full Model of Care document and to complete required attestation.

CoC/CoC+ Bonus Programs

Enhance outreach for annual visits and chronic disease management



	Risk Adjustment	DOH	High Risk	Quality	Clinical
Medicare	X		X	X	X
Marketplace	X		X	X	X

2025 Risk Adjustment CoC Incentive Payout
January – December 2025 Dates of Service

Threshold % of Agendas Completed	Bonus Paid Per Paper Agenda Submission	Bonus Paid per Electronic Agenda Submission
<50%	$50	$100
>=50% TO 80%	$100	$200
>=80%	$150	$300

2025 CoC+ Incentive Payouts

Medicare $150
Marketplace $100

Providers are eligible for an additional CoC+ incentive per agenda for completing additional member insights portions, where applicable. **ALL** boxes related to the High Risk, Care Guidance, Clinical, and/or Drivers of Health portions must be checked & verified to be eligible for the additional compensation. All CoC+ insights must be received by January 31, 2026, with a DOS by December 31, 2025.

Contact Information

- Please reach out to PHW_RiskAdjustment@PaHealthWellness.com for any questions.
- Your PHW Risk Adjustment Specialist will manage the bonus calculation, reconciliation, and payment processing.
- You may also email or fax paper agendas to
  - Agenda@centene.com Fax: 1-813-464-8879

Clinical Documentation Improvement (CDI) 2025 Webinars

Learn more about: Risk Adjustment, Coding and Documentation Education.
Webinars are open to providers, non-physician providers, coders, billers and administrative staff.

Each webinar includes an overview of Risk Adjustment (RA) and Hierarchical Condition Categories (HCCs), and how they impact you. To register, please visit https://www.pahealthwellness.com/providers/provider-training.html or scan the QR Code below.

Good News! CEUs are available for Medical Coders for certain webinars!

Topics include

- Medicare Risk Adjustment 101: With Case Studies
- Risk Adjustment Medicare Chart Review Trends
- Navigating Annual Wellness Visits: Types and Benefits
- Learning from HCC Coding Mistakes: A Path to Improvement using Case Studies
- The Importance of Accurate Documentation & Coding: A Provider's Perspective
- Understanding Risk Adjustment: A Coder's Guide
- Understanding Risk Adjustment: A Provider's Guide
- Top Missed and Confusing HCC Codes with Case Studies
- 2026 ICD-10 and CMS Updates

Empower caregivers with the tools they need— and the support they deserve with Trualta

Did you know?
Engaged caregivers can help reduce unexpected hospital visits by as much as 20% annually.

Informal caregivers - such as family members or close friends - play a critical role in keeping loved ones safe and well at home. But without proper education and support, they often experience high levels of stress, burnout and decision-making challenges. These pressures can lead to avoidable hospitalizations, increased healthcare costs and early entry into long-term care.

That's why **PA Health & Wellness has partnered with Trualta, the leading online caregiver education and support platform.** Trualta equips caregivers with the tools and confidence they need to provide safe, effective care at home. The platform offers:

- Quick, on-demand lessons on daily care, medical tasks, and managing chronic conditions
- Guidance on communication, planning, and end-of-life considerations
- Specialized topics like cancer, dementia, diabetes, and caregiving for children with special needs
- Tools to help caregivers with their well-being and resilience
- Access to online support groups
- And much more

Who's eligible?

Trualta is available at no cost to family members and informal support individuals providing care at home for PA Health & Wellness Community HealthChoices participants.

How you can help:

You play a vital role in connecting caregivers to resources that can significantly impact their well-being—and the health outcomes of those they care for. Share phw.trualta.com with caregivers during in-person visits, phone calls, or follow-ups. You might even print out the link or add it to discharge instructions.

Caregiver & Participant LGBTQ+ Resources

Below, are some of the many resources available to help the health and wellness of LGBTQ+ patients and caregivers.

Local Organizations:

Persad Center
Allies for Health + Wellbeing

National Organizations:

National LGBTQ+ Health Education Center
Human Rights Campaign
National Resource Center on LGBT Aging

Hotlines:

Trevor Project Lifeline
Trans Lifeline
SAGE LGBT National Senior Hotline

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, Wase, 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, 8th 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).

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
1700 Bent Creek Blvd, Suite 200
Mechanicsburg, PA 17055

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.

We can't wait to meet you!

Provider Relations is your primary contact for PA Health & Wellness, including Wellcare By Allwell and Ambetter from PA Health & Wellness.

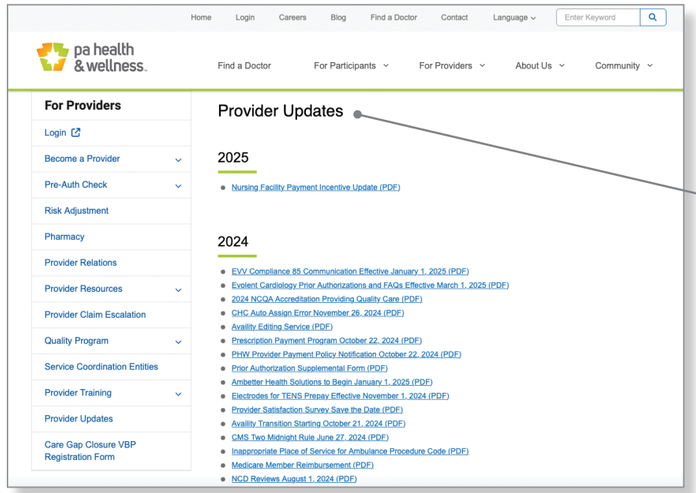
We're here to be your partner. My primary focus is to drive resolution, provider performance, ongoing education and more!

Feel free to reach out with any questions, concerns, or even just to say, "hello!".

Get to know our Provider Relations team even better by visiting https://www.pahealthwellness.com/providers/ProviderRelations.html

Get connected with our Provider Relations Team at PHWProviderRelations@PAHealthWellness.com

Thank you for continuing to provide our Members with high quality and compassionate care. We're looking forward to our continued partnership.



Provider Updates

Please visit
https://www.pahealthwellness.com/providers/provider-updates.html
regularly to stay up to date on updates from PA Health & Wellness.

Provider Newsletter

pa health & wellness™ | ambetter. FROM pa health & wellness™ | wellcare By allwell.™

1700 Bent Creek Blvd, Suite 200, Mechanicsburg, PA 17050