pennsylvania health & wellness™

Introduction & Contracting Orientation

June 2017

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Transforming the health of the community one person at a time

OUR MISSION

Better health outcomes at lower costs

OUR BRAND PILLARS

Focus on individuals + Active Local Involvement + Whole Health

OUR BELIEFS

- We believe in treating the whole person, not just the physical body.
- We believe treating people with kindness, respect and dignity empowers healthy decisions.
- We believe we have a responsibility to remove barriers and make it simple to get well, stay well and be well.
- We believe local partnerships enables meaningful, accessible healthcare.
- We believe healthier individuals create more vibrant families and communities.

Confidential and Proprietary Information

Centene Overview

WHO WE ARE

Pennsylvania

based company and subsidiary of Centene Corporation

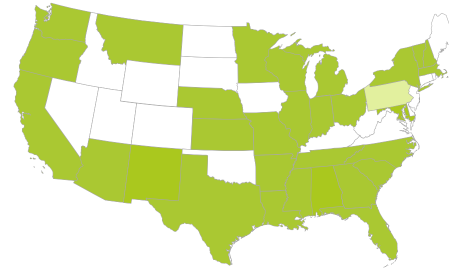
(Projected) 1,600 employees

Centene Corporation

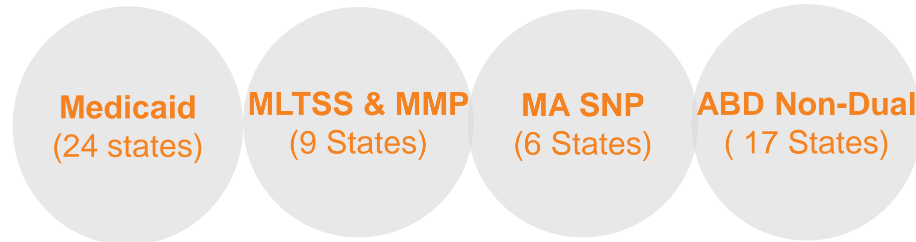
#124
on the
Fortune 500 list

#4
Fortune's Fastest Growing Companies (2015)

WHAT WE DO



With government sponsored healthcare programs & implementations, including:



11.4 million members in 28 states & 2 international markets

Long-Term Services and Supports

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Go live 2018

7 States 206,000 Members – largest MLTSS plan in country

Key Components of Our Model

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Key Components of Our Model

- Engaging Independent Living Centers and Area Agencies on Aging within the community
- Caregiver support services
- Direct care workforce initiatives (training, recruitment, retention)
- Local care coordinators as point of contact
- Use of innovative technological applications to link HCBS providers to care managers

Key Components of Our Model cont'd

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Utilize current services you provide to ensure the patient has appropriate support

Our partnership ensures that our consumers receive a continuum of care without facing any obstacles

- Educational and training sessions for providers and staff
- Utilizing current services
- Offering Provider services
- Accurate and timely payment

Key Components of Our Model cont'd

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1. Consumer, family and caregiver participation/direction
2. Centene's National Advisory Group
3. Local Advisory Councils developed

Key Components of Our Model cont'd

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- Link consumers and families to medical and non-medical community resources
- Full, coordinated benefit coverage and value added features
- Local "boots on the ground" approach
- Creative and flexible style targeted at functional status

Goals for Community HealthChoices

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Phase 1: Continuity

- Members get appropriate and timely services
- Providers get accurate and timely payments

Phase 2: Quality

- Right Setting, Right Services, Right Time
- One Call Resolution and Integration

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Becoming a LTSS Provider

Contracting & Credentialing

Step 1

You will need to provide to your PHW contact:

1. Legal Provider Name – as it appears on W-9
2. Copy of W-9
3. TIN - Tax ID Number
4. Signing Authority's:
   - Name & Title
   - Email Address
   - Phone Number
   - Cell Phone
   - US Postal Address for all documentation to mailed.

Proactively gather required credentialing documentation.

Contract & Credentialing

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Step 2

When your information is received from Provider a contract is requested on your behalf by your PHW contact.

As soon as contract is generated you will receive a copy of your contract for your review and signature along with a Provider Application/ Enrollment Packet.

Welcome Letter

- Provides a checklist of required documents that will need to be returned.
- How to submit – US Postal Mail, Email or Fax

Dear Provider:

Pennsylvania Health & Wellness (PHW) has been selected by the Department of Human Services (DHS) to administer managed care services to participants in the Community HealthChoices (CHC) program statewide. As a current Long Term Services and Supports (LTSS) provider, we look forward to working closely with you to ensure quality care to participants who select Pennsylvania Health and Wellness as their Managed Care Plan.

To ensure a smooth transition of services and timely and accurate payment of claims, PHW would like to partner with our network of contracted and credentialed providers serving the CHC participants. A contract is enclosed for your review and signature. To become a contracted provider, please complete the following steps:

- ✓ Complete the enclosed PHW Provider Enrollment Form: Include your Name, Business Name, Address, Medicaid Provider Number, type of service provided and attachments needed to finalize the contract.
- ✓ Sign and date the contract where indicated on page number
- ✓ Completed W-9 for each Tax ID
- ✓ Completed, signed, and dated Disclosure of Ownership Form
- ✓ Copy of current State License/Approval (as applicable)
- ✓ Copy of Medicare/Medicaid Participation Certification (as applicable)
- ✓ Copy of Declaration Sheet and/or Certificate of Insurance
  - HCBS Providers who are not providing medical or behavioral health service: General Liability Insurance Policies.
  - All other provider types: BOTH current Professional Malpractice and Comprehensive General Liability Insurance policies.
- ✓ Signed and dated participating provider agreement. This needs to be signed by the owner or signatory of the company. Complete Schedule C with Group Name, TIN and NPI. Please complete and return the , along with other documents to:

  PA Health & Wellness/Centene Corporation
  Attn: Lynn O'Bryan/Ashley Page
  424 South Woods Mill Road, 1st Floor
  Town & Country, Mo. 63017

- ✓ You can also send us completed contracts via Fax at (844)-536-2997 or Email at networkmanagement@pahealthwellness.com.

Following this notice, we plan to host town hall meetings to introduce Pennsylvania Health and Wellness staff, and to share information on web-based resources and our provider manual.

If you have any questions, or would like more information about PHW, please visit *https://www.pahealthwellness.com*, email us at *networkmanagement@pahealthwellness.com*, or call us at (855) 688-6589.

Sincerely,

Deanna Zdinak
Provider Relations, Network Specialist

PA Health & Wellness

Helping More Individuals through Long-Term Services and Supports

At PA Health & Wellness, we are driven by a singular purpose: to transform the health of the community one person at a time. Our unwavering commitment to whole health, focus on individuals, and a local approach to care helps us make sure that each person receives the most appropriate supports and services for his or her needs.

"We believe in putting the needs of our participants first. That's why our care coordination is personalized and specific to each individual's unique situation."

PUTTING OUR EXPERIENCE TO GOOD USE

PA Health & Wellness is a subsidiary of Centene, the largest Medicaid managed care organization in the country and one of the most experienced managed long-term services and supports (LTSS) program participants in the country today. We understand the particular complexities of coordinating across Medicaid and Medicare benefits. Centene provides holistic supports to our participants, including dual-eligibles who are enrolled in separate Medicare and LTSS programs, as well as those in fully integrated Medicare-Medicaid dual demonstration programs (MMPs).

With an expansive portfolio of innovative healthcare solutions and key community partnerships, our approach focuses on integrating physical, social and behavioral health — all while empowering our participants through additional resources and supports.

OUR PURPOSE

Transforming the health of the community, one person at a time.

FOUNDATIONAL BRAND PILLARS

- Focus on Individuals
- Whole Health
- Active Local Involvement

LONG TERM SERVICES AND SUPPORTS FOR POPULATIONS INCLUDING:

- Older Adults
- People with Physical Disabilities
- People with Intellectual and Developmental Disabilities
- People with Traumatic Brain Injury
- People with HIV/AIDS
- People with Serious and Persistent Mental Illness

PA HEALTH & WELLNESS IS A SUBSIDIARY OF CENTENE

Centene operates health plans with long-term services and supports in **NINE STATES**, *covering over* **226,000** *lives.*

*Implementation in progress for Nebraska, New Hampshire and Pennsylvania

PAHealthWellness.com

LOCAL APPROACH & PARTNERSHIPS FOR BETTER CARE

We understand that the best support is close to home. That's why each of our health plans are developed and staffed locally—with local participants and providers serving as our chief advisors.

We work closely with advocacy groups and providers to help us implement preventive care programs, manage costs and improve the overall quality of care delivered to our participants. Our local staff helps participants access care, coordinates referrals to health and social services, and addresses participant concerns and questions.

"Our staff and providers are trained to recognize and address barriers our participants may face in accessing their healthcare and community resources."

HIGH-TOUCH INTEGRATED CARE FOR INDIVIDUALS

When it comes to providing quality healthcare to people who need it most, we don't believe in a one-size-fits-all model. We know that to serve our participants best, we need to understand them and their individual needs. In fact, our participants are the most important part of their own healthcare team. Our person-centered planning approach puts participants at the head of their care coordination and decisions.

We also fully embrace a whole-health approach to care management and service coordination. We use advanced technology to provide care teams and providers with a unified view of our participants' medical, social and functional needs. Our integrated approach allows us to connect traditionally fragmented services while linking participants to appropriate medical and non-medical community resources.

It is our sincere belief that every individual should be treated with respect and dignity. That's why we work together to help individuals maximize their independence and maintain their quality of life in their chosen setting.

Our long-term services and supports include both INSTITUTIONAL/RESIDENTIAL CARE and HOME & COMMUNITY BASED SERVICES.

- High-touch, local staffing in combination with community partnerships
- Culturally sensitive, person-centered planning and self-management training
- Integrated care management/service coordination teams
- Assistive technology to increase independence and quality of life
- Transition, employment, and housing supports
- Housing supports and services
- Family and caregiver education and support
- Health and wellness programs

PAHealthWellness.com

Enrollment Application

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Page 1

- Lists documents that will need to be attached.
- Instruction to submit – US Mail, Email or Fax.

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Enrollment Application

ATTACHMENTS NEEDED: please include with your completed form the following items for each location.

☐ Completed W-9, at least one if all practitioners share same tax ID

☐ Completed, signed, and dated Disclosure of Ownership Form

☐ Copy of current State License/Approval *(as applicable)*

☐ Copy of Medicare/Medicaid Participation Certification *(as applicable)*

☐ Copy of Declaration Sheet and/or Certificate of Insurance

- ☐ **HCBS Providers** who are not providing medical or behavioral health service: General Liability Insurance Policies
- ☐ **All other provider types: BOTH** current Professional Malpractice and Comprehensive General Liability Insurance policies

☐ Signed and dated participating provider agreement

☐ Accreditation/Certification (by a nationally recognized accrediting body, e.g., TJC/JCAHO/CARF/COA/or AOA) Accreditation letter with dates of accreditation (if applicable)

☐ If not accredited by a nationally recognized accrediting body, attach the Site Evaluation results from a governmental agency (if applicable)

Instructions: Please complete this application in its entirety using N/A where applicable and either by printing legibly or by type. Please return via Email at **NetworkManagement@PAHealthWellness.com** or Fax at 844-536-2997 or standard mail:

PA Health and Wellness/Centene
Lynn O'Bryan/Ashley Page
424 South Woods Mill Road, 1st Floor
Town & Country, Mo. 63017

Enrollment Application

Page 2

- License of Certification information
- Legal information
- Billing information
- Mailing information

License or Certification Type – Choose all that apply and provide License # or Certification	
☐ Behavioral Therapy:	☐ Nursing Facility:
☐ Adult Daily Living (Residential Care):	☐ Nutritional Counseling:
☐ Cognitive Therapy:	☐ Personal Assistant Services:
☐ Durable Medical Equipment:	☐ Personal Assistant Services (CSLA):
☐ Home Health Agency:	☐ Respite:
☐ Home Modification:	☐ Other *(Please describe)*:
☐ Other *(Please describe)*:	☐ Other *(Please describe)*:

Legal Information		
Legal Name:	Tax ID:	Medicaid Certified? Yes ☐ No ☐
DBA *(if applicable)*:	Is Tax ID held for all locations? Yes ☐ No ☐	Profit/Non-Profit:
If answered NO above, provide Tax ID for each applicable location:	National Provider ID (NPI) if applicable:	2nd National Provider ID (NPI) if applicable:
3rd National Provider ID (NPI) if applicable:	PROMISe ID/Medicaid Number:	Medicare Number:
Website URL:		

Billing Information		
Pay To:		
Pay to Address:	City/State/Zip:	Phone:

Mailing Information		
Attn:		
Address:	City/State/Zip:	Phone:
Fax:	Email:	
If provider has more than one group NPI number – will all billing and mailing needs be serviced thru the same address noted here? Yes ☐ No ☐ If "No", please attach additional addresses.		

Enrollment Application

Page 3

- Primary Office Information
- Service Hours
- ADA Compliance
- Certificate of Compliance

Primary Facility/Primary Office Information		
Is this a Participant service site? Yes ☐ No ☐ *(list all service sites separately below, if not enough room provide on separate sheet of paper)*		
Name (Doing Business As):		
Telephone:	Primary Contact Name:	E-Mail:
Address (Street):	City/State/Zip:	County:
Credentialing/Billing Contact:	Fax:	E-Mail:
Website URL:		PROMISe ID/Medicaid Number:

SERVICE HOURS	Monday:	Tuesday:	Wednesday:	Thursday:	Friday:	Saturday:	Sunday:

Are PAs, CNMs, and/or Nurse Practitioners used? Yes ☐ No ☐	Will you be accepting any new participants? Yes ☐ No ☐
In addition to English -Please list all Languages used to communicate with participants *(including American Sign Language if applicable):*	
Is a skilled medical interpreter available? Yes ☐ No ☐	Has staff been trained on Cultural Competency? Yes ☐ No ☐
Is your practice limited to certain ages? Yes ☐ No ☐	If Yes, please list age/gender restrictions:

Are the following area(s) ADA compliant? (Check those that apply)	
☐ Parking	☐ ADA Compliant Signage
☐ Interior Building	☐ Medical Equipment
☐ Restrooms	☐ Exam Room
Are you located within walking distance of a public transportation route? Yes ☐ No ☐	

Capacity on Certificate of Compliance	
Residential Facility-Capacity (# of residents):	Adult Day Care (# of participants):
Personal Assistance Service: Do you use Electronic Visit Verification? Yes ☐ No ☐	If yes, vendor:
Home Health Service: Do you use Electronic Visit Verification? Yes ☐ No ☐	If yes, vendor:

Enrollment Application

Page 4

- Malpractice Insurance Information
- General Liability
- Secondary Facility
- Service Hours

Malpractice Insurance Information (if applicable)		
Carrier Name:	Insured Amount:	Effective Date:
Expiration Date:	Policy #:	
Aggregate Coverage Amount:		

General Liability Insurance Information		
Carrier Name:	Insured Amount:	Effective Date:
Expiration Date:	Policy #:	Coverage per Occurrence:
Aggregate Coverage Amount:		

Secondary Facility/Primary Office Information		
Is this a Participant service site? Yes ☐ No ☐ *(list all service sites separately below, if not enough room provide on separate sheet of paper)*		
Name (Doing Business As):		
Telephone:	Primary Contact Name:	E-Mail:
Address (Street):	City/State/Zip:	County:
Credentialing/Billing Contact:	Fax:	E-Mail:
Website URL:		PROMISe ID/Medicaid Number:

SERVICE HOURS	Monday:	Tuesday:	Wednesday:	Thursday:	Friday:	Saturday:	Sunday:

Are PAs, CNMs, and/or Nurse Practitioners used? Yes ☐ No ☐	Will you be accepting any new participants? Yes ☐ No ☐
In addition to English -Please list all Languages used to communicate with participants *(including American Sign Language if applicable):*	
Is a skilled medical interpreter available? Yes ☐ No ☐	Has staff been trained on Cultural Competency? Yes ☐ No ☐
Is your practice limited to certain ages? Yes ☐ No ☐	If Yes, please list age/gender restrictions:

Enrollment Application

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Page 5

- ADA Compliance
- Capacity on Certificate of Compliance
- Malpractice Insurance
- General Liability

Are the following area(s) ADA compliant? (Check those that apply)	
☐ Parking	☐ ADA Compliant Signage
☐ Interior Building	☐ Medical Equipment
☐ Restrooms	☐ Exam Room
Are you located within walking distance of a public transportation route? Yes ☐ No ☐	

Capacity on Certificate of Compliance	
Residential Facility-Capacity (# of residents):	Adult Day Care (# of participants):
Personal Assistance Service: Do you use Electronic Visit Verification? Yes ☐ No ☐	If yes, vendor:
Home Health Service: Do you use Electronic Visit Verification? Yes ☐ No ☐	If yes, vendor:

Malpractice Insurance Information (if applicable)		
Carrier Name:	Insured Amount:	Effective Date:
Expiration Date:	Policy #:	
Aggregate Coverage Amount:		

General Liability Insurance Information		
Carrier Name:	Insured Amount:	Effective Date:
Expiration Date:	Policy #:	Coverage per Occurrence:
Aggregate Coverage Amount:		

Enrollment Application

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Page 6

- Pennsylvania Counties
- Service & Service County listing

Pennsylvania Counties:

01. Adams	02. Allegheny	03. Armstrong	04. Beaver	05. Bedford
06. Berks	07. Blair	08. Bradford	09. Bucks	10. Butler
11. Cambria	12. Cameron	13. Carbon	14. Centre	15. Chester
16. Clarion	17. Clearfield	18. Clinton	19. Columbia	20. Crawford
21. Cumberland	22. Dauphin	23. Delaware	24. Elk	25. Erie
26. Fayette	27. Forest	28. Franklin	29. Fulton	30. Greene
31. Huntingdon	32. Indiana	33. Jefferson	34. Juniata	35. Lackawanna
36. Lancaster	37. Lawrence	38. Lebanon	39. Lehigh	40. Luzerne
41. Lycoming	42. McKean	43. Mercer	44. Mifflin	45. Monroe
46. Montgomery	47. Montour	48. Northampton	49. Northumberland	50. Perry
51. Philadelphia	52. Pike	53. Potter	54. Schuylkill	55. Snyder
56. Somerset	57. Sullivan	58. Susquehanna	59. Tioga	60. Union
61. Venango	62. Warren	63. Washington	64. Wayne	65. Westmoreland
66. Wyoming	67. York			

Services – Check each that applies. For "Service County", list corresponding county number from above.

Service	Service County	Address	Location ID
☐ Adult Daily Living			
☐ Assistive Technology			
☐ Benefits Counseling			
☐ Career Assessment			
☐ Community Integration			
☐ Community Transition Svcs			
☐ Employment Skills Development			
☐ Financial Management Services Services My Way			
☐ Financial Management Services Start UP			
☐ Home Adaptations			
☐ Home Delivered Meals			
☐ Home Health Aide			

Enrollment Application

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- Additional Service & Service County listings

Service	Service County	Address	Location ID
☐ Home Health-Nursing (LPN)			
☐ Home Health-Nursing (RN)			
☐ Home Health-Occupational Therapy			
☐ Home Health-Occupational Therapy-Assist			
☐ Home Health-Physical Therapy			
☐ Home Health-Physical Therapy-Assist			
☐ Home Health-Speech & Language Therapy			
☐ Job Coaching			
☐ Non-medical Transportation			
☐ Nursing Facility Services			
☐ Participant-Directed Community Supports			
☐ Participant-Directed Goods & Services			
☐ PAS (Agency)			
☐ PAS (CSLA)			
☐ Personal Emergency Response System			
☐ Prevocational Services			
☐ Residential Habilitation			
☐ Respite (Agency)			
☐ Respite (Consumer)			
☐ Service Coordination			
☐ Specialized Medical Equipment and Supplies			

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Page 8

- Additional Service & Service County listings

Service	Service County	Address	Location ID
☐ Structured Day Habilitation			
☐ Support Employment			
☐ TeleCare Activity and Sensor Monitoring Ongoing			
☐ TeleCare Health Status Measuring and Monitoring Remote			
☐ TeleCare Medication Dispensing and Monitoring			
☐ TeleCare Specialized Supplies DME for Remote Monitoring			
☐ TeleCare Specialized Supplies for Remote Monitoring			
☐ Thera&Couns Svcs (Behavior Therapy)			
☐ Thera&Couns Svcs (Cognitive Rehabilitation)			
☐ Thera&Couns Svcs (Cognitive Rehabilitation)			
☐ Thera&Couns Svcs (Nutritional Counseling)			
☐ Transition Service Coordination			
☐ Vehicle Modifications			
☐ Other			
☐ Other			
☐ Other			

Enrollment Application

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Page

- Confidential information
- Signature

Confidential Information | *Have you, any agent, or managing employee ever:*

Been terminated, excluded, precluded, suspended, debarred from or had their participation in any federal or state health care program limited in any way, including voluntary withdrawal from a program for an agreed to definite or indefinite period of time?	Yes ☐	No ☐
Been the subject of a disciplinary proceeding by any licensing or certifying agency, had his/her license limited in any way, or surrendered a license in anticipation of or after the commencement of a formal disciplinary proceeding before a licensing or certifying authority (e.g., license revocations, suspensions, or other loss of license or any limitation on the right to apply for or renew license or surrender of a license related to a formal disciplinary proceeding)?	Yes ☐	No ☐
Had a controlled drug license withdrawn?	Yes ☐	No ☐
Been convicted of a criminal offense related to Medicare or Medicaid; practice of the provider's profession; unlawful manufacture, distribution, prescription or dispensing of a controlled substance; or interference with or obstruction of any investigation?	Yes ☐	No ☐
In connection with the delivery of a health care item or service, been convicted of a criminal offense relating to neglect or abuse of patients or fraud, theft, embezzlement, breach of fiduciary responsibility, or other financial misconduct?	Yes ☐	No ☐

Signature of authorized designee **Title**

Name (Print) **Date**

Contract

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PARTICIPATING PROVIDER AGREEMENT

This Participating Provider Agreement (together with all Attachments and amendments, this "Agreement") is made and entered by and between [illegible] ([illegible]) and Pennsylvania Health & Wellness, Inc. ("Health Plan") (each a "Party" and collectively the "Parties"). This Agreement is effective as of the date designated by Health Plan on the signature page of this Agreement ("Effective Date").

WHEREAS, Provider desires to provide certain health care services to individuals in products offered by or available from or through a Company or Payor (as hereafter defined), and Provider desires to participate in such products as a Participating Provider (as defined herein), all as hereinafter set forth.

WHEREAS, Health Plan desires for Provider to provide such health care services to individuals in such products, and Health Plan desires to have Provider participate in certain of such products as a Participating Provider, all as hereinafter set forth.

NOW, THEREFORE, in consideration of the recitals and mutual promises herein stated, the Parties hereby agree to the provisions set forth below.

ARTICLE I - DEFINITIONS

When appearing with initial capital letters in this Agreement (including an Attachment), the following quoted and underlined terms (and the plural thereof, when appropriate) have the meanings set forth below.

1.1. "Affiliate" means a person or entity directly or indirectly controlling, controlled by, or under common control with Health Plan.

1.2. "Attachment" means any document, including an addendum, schedule or exhibit, attached to this Agreement as of the Effective Date or that becomes attached pursuant to Section 2.2 or Section 8.7, all of which are incorporated herein by reference and may be amended from time to time as provided in this Agreement.

1.3. "Clean Claim" has, as to each particular Product, the meaning set forth in the applicable Product Attachment or, if no such definition exists, the Provider Manual.

1.4. "Company" means, as appropriate in the context, Health Plan and/or one or more of its Affiliates, except those specifically excluded by Health Plan.

1.5. "Compensation Schedule" means at any given time the then effective schedule(s) of maximum rates applicable to a particular Product under which Provider and Contracted Providers will be compensated for the provision of Covered Services to Covered Persons. Such Compensation Schedule(s) will be set forth or described in one or more Attachments to this Agreement, and may be included within a Product Attachment.

1.6. "Contracted Provider" means a physician, hospital, health care professional or any other provider of items or services that is employed by or has a contractual relationship with Provider. The term "Contracted Provider" includes Provider for those Covered Services provided by Provider.

1.7. "Coverage Agreement" means any agreement, program or certificate entered into, issued or agreed to by Company or Payor, under which Company or Payor furnishes administrative services or other services in support of a health care program for an individual or group of individuals, and which may include access to one or more of Company's provider networks or vendor arrangements, except those excluded by Health Plan.

1.8. "Covered Person" means any individual entitled to receive Covered Services pursuant to the terms of a Coverage Agreement.

Credentialing Checklist

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Provider Checklist

- Complete the enclosed PHW Provider Enrollment Form:
  - Include your Name, Business Name, Address, Medicaid Provider Number, type of service provided and attachments needed to finalize the contract.
- Sign and date the contract where indicated on page number
- Completed W-9 for each Tax ID
- Completed, signed, and dated Disclosure of Ownership Form
- Copy of current State License/Approval (as applicable)
- Copy of Medicare/Medicaid Participation Certification (as applicable)
- Copy of Declaration Sheet and/or Certificate of Insurance
- HCBS Providers who are not providing medical or behavioral health service:
  - General Liability Insurance Policies
- All other provider types:
  - BOTH current Professional Malpractice and *Comprehensive General Liability Insurance policies.*

Signed and dated participating provider agreement. This needs to be signed by the owner or signatory of the company. Complete Schedule C with Group Name, TIN and NPI.

Please find the relevant provider type and supply the documents listed for credentialing

Facility Type	Documents needed
Rural Health Clinics (RHC)	1 - Provider Application
	2 - General/Professional Liability Insurance
	3 - State Operational License
	6 - Accreditation by CMS deemed agency of SME/State Agency survey if not accredited
	7 - Other applicable licensures (i.e. CLIA, Federal DEA, State DEA, etc.)
	8 - Affiliation agreement for region serviced
	9 - Credentialing also required for the practitioners 10-DOO-Ownership and Disclosure form
Federally Qualified Health Centers (FQHC)	1 - Provider Application
	2 - General/Professional Liability Insurance
	7 - Other applicable licensures (i.e. CLIA, Federal DEA, State DEA, etc.)
	9 - Credentialing also required for the practitioners 10-DOO-Ownership and Disclosure form

Facility type requires credentialing but does not require credentialing for individuals

Facility Type	Documents needed
Hospital	1 - Provider Application
	2 - General/Professional Liability Insurance
	3 - State Operational License
	6 - Accreditation by CMS deemed agency of SME/State Agency survey if not accredited
	7 - Other applicable licensures (i.e. CLIA, Federal DEA, State DEA, etc.) 10-DOO-Ownership and Disclosure form
Home Health	1 - Provider Application
	2 - General/Professional Liability Insurance
	3 - State Operational License
	6 - Accreditation by CMS deemed agency of SME/State Agency survey if not accredited
	7 - Other applicable licensures (i.e. CLIA, Federal DEA, State DEA, etc.) 10-DOO-Ownership and Disclosure form
Ambulatory Surgical Center (ASC)	1 - Provider Application
	2 - General/Professional Liability Insurance
	3 - State Operational License
	6 - Accreditation by CMS deemed agency of SME/State Agency survey if not accredited
	7 - Other applicable licensures (i.e. CLIA, Federal DEA, State DEA, etc.) 10-DOO-Ownership and Disclosure form
Skilled Nursing Facility (SNF)	1 - Provider Application
	2 - General/Professional Liability Insurance
	3 - State Operational License
	6 - Accreditation by CMS deemed agency of SME/State Agency survey if not accredited
	7 - Other applicable licensures (i.e. CLIA, Federal DEA, State DEA, etc.) 10-DOO-Ownership and Disclosure form
DME Durable Medical Equipment	1 - Provider Application
	2 - General/Professional Liability Insurance
	3 - State Operational License

PA Health & Wellness Team

- Melissa Siwiec - Melissa.J.Siwiec@PAHealthWellness.com
- Deanna Zdinak - Deanna.M.Zdinak@PAHealthWellness.com
- Jerard Hubbard – JEHubbard@Centene.com
- Leslie Walker – LWalker@Centene.com

www.pahealthwellness.com

You will be contacted by PA Health & Wellness, however if you are concerned you have not yet been contacted by PHW, please visit our website:

www.pahealthwellness.com

www.pahealthwellness.com

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Home Contact Us search

Contrast On Off a a a

FOR PROVIDERS | ABOUT US | CONTACT US

- Login
- Become a Provider
- Pre-Auth Check
- Pharmacy
- Provider Resources
- OLTL Updates
- Quality Program

PA Health & Wellness

Transforming the Health of our Community One Person at a Time

Introducing PA Health & Wellness—your partner for success

Established to deliver quality healthcare in the state of Pennsylvania through local, regional and community-based resources, PA Health & Wellness is a Managed Care Organization and subsidiary of Centene Corporation (Centene). PA Health & Wellness exists to improve the health of its beneficiaries through focused, compassionate and coordinated care. Our approach is based on the core belief that quality healthcare is best delivered locally.

www.pahealthwellness.com

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FOR PROVIDERS

Login

CHC Contracting Webinar

Pharmacy

OLTL Updates

Become a Provider

Thank you for your interest in participating with PA Health & Wellness. We are excited that you selected our provider network as your network of choice. We would like to build the best network to meet the participants' needs.

To request a PA Health & Wellness contract, call toll free 1-855-688-6589 or, email us at information@PAHealthWellness.com.

As a PA Health & Wellness provider, you can rely on:

- A comprehensive approach to care for your patients through disease management programs, healthy behavior incentives and 24-hour toll-free access to bi-lingual registered nurses
- Initial and ongoing provider education through orientations, office visits, training and updates
- A dedicated claims team to ensure prompt payment
- Minimal referral requirements and limited prior authorizations
- A dedicated provider relations team to keep you informed and maintain support in person or by phone
- The ability to check participant eligibility, authorization and claims status online
- Healthcare collateral for your patients (e.g., information about our benefits and services) and educational displays for your office

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Questions?

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