

PRIOR AUTHORIZATION

Phone: (833) 854-4766
Portal: SilverSummitHealthplan.com

CASE MANAGEMENT

Fax: (844) 851-1023

PHARMACY PRIOR AUTHORIZATION

Phone: (800) 867-6564
Fax: (866) 399-0929

Please fax the medication prior authorization form

CLAIM/ENCOUNTER SUBMISSION

P3 Health Partners - Nevada
PO Box 211083
Eagan, MN 55121

ELECTRONIC CLAIMS SUBMISSION

SilverSummit Healthplan
c/o Centene EDI
(800) 225-2573 ext. 6075525
Email: EDIBA@cenetene.com

PAPER CLAIMS SUBMISSION

SilverSummit Healthplan
Attention: Claims
PO Box 5090
Farmington, MO 63640-5080

PART D CLAIMS SUBMISSION

Allwell
Attention: Pharmacy Claims
PO Box 419 069
RanchO Cordova, CA 95741-9069

CLAIM APPEALS

SilverSummit Healthplan
Attention: Claims Appeals
PO Box 5090
Farmington, MO 63640-5080

MEDICAL NECESSITY APPEAL

SilverSummit Healthplan
Attention: Medical Necessity
2500 N Buffalo Drive, Suite 250
Las Vegas, NV 89128

TRANSPORTATION

Phone: (877) 718-4201
MON - FRI | 8:00 A.M. - 6:00 P.M.

MEMBER SERVICES

For any questions related to claims, benefits, eligibility or any patient related question, provide this number to the patient.

Phone: (833) 854-4766 (TTY: 711)



Download the printable
Provider Directory at
[https://p3hp.org/nevada/
brokers-agents/printable-
provider-directory/](https://p3hp.org/nevada/brokers-agents/printable-provider-directory/)

ANY QUESTIONS?
CONTACT P3 PROVIDER RELATIONS

Phone:
(702) 444-0412

Email:
P3Networksolutions@P3HP.org



**Allwell Medicare
(HMO)
CMS#: H6446-001
Effective: 01-01-2020**

MEMBER INFORMATION

Name: REGINALD S GREEN
Member ID#: C40152366-01
Issuer ID: (80840) 9151014609

PROVIDER INFORMATION

PCP Name: BUDDE, DOUGLAS
PCP Phone: 1-702-383-1061

PHARMACY INFORMATION



Rx Claims Processor:
CVS Caremark®
RXBIN: 004336
RXPCN: MEDDADV
RXGRP: RX8923


FOR MEMBERS

Member Services: 1-833-854-4766 (TTY: 711)
*****Extra Benefits:** 24-hr Nurse Advice/Dental/
Vision 1-833-854-4766 (TTY: 711)
allwell.silversummithealthplan.com

FOR EMERGENCIES

Dial 911 or go to the nearest Emergency Room (ER).

FOR PROVIDERS

 **For Medical/Dental/Vision eligibility and prior auth/referrals:** 1-833-854-4766

 **Pharmacy prior auth:** 1-800-867-6564
For help: (PHARMACY USE ONLY) 1-888-865-6567

***please refer to your EOC for your extra covered benefits

Submit Part D Drug Claims to:

Allwell
Attn: Pharmacy Claims
P.O. Box 419069
Rancho Cordova, CA
95741-9069



EDI Payor ID: 68069 Allwell from Silversummit Healthplan
Attn: Claims
P.O. Box 3060 Farmington, MO 63640-3822

Contract
Plan ID
Service Area
Network

H6446-001
HMO-MAPD
Clark, NYE
P3 Network

Medicare Product Highlights	2020
Premium Part B Giveback	\$0
Total Premium (Part C and D)	\$0
In-Network Plan Deductible	\$0
Maximum Out of Pocket (MOOP)	\$2400
Inpatient Hospital - Acute	Days 1-6: \$0 Copay per Day Days 7-90 \$0 Copay per Day
PCP Office Visits	\$0
Specialist Office Visits	\$0
Over-the-Counter Items	\$75 Quarterly
Medically Necessary Transportation	Unlimited visits to Silver & Fit
Dental Benefits	\$1,000 Max
Vision Benefits	\$150 Max
Hearing Benefits	\$0 - \$1,580 (2 Aids)
Rx Deductible	No Deductible
Deductible Tiers	No Deductible
Tier 1: Preferred Generic	\$0
Tier 2: Generic	\$10
Tier 3: Preferred Brand	\$47
Tier 4: Non-Preferred Drug	\$100
Tier 5: Speciality Tier	33%
Tier 6: Select Care Drugs	\$0
Laboratory Services	\$0
X-Ray Service	\$0

Dental Services	In-Network Copay/ Cost Sharing
Oral Exams	\$0
Cleaning	\$0
X-Rays	\$0
Non-Routine Services	50% coinsurance
Diagnostic Services	\$0
Restorative Services	20% coinsurance
Endodontics	50% coinsurance
Periodontics	50% coinsurance
Extractions	50% coinsurance
Prosthodontics	50% coinsurance

Hearing Care Solutions	In-Network Copay/ Cost Sharing
Technology Level 1	\$0 copay per hearing aid
Technology Level 2	\$700 copay per hearing aid
Technology Level 3	\$1,125 copay per hearing aid
Technology Level 4	\$1,580 copay per hearing aid

Pharmacy	In-Network Copay/Cost Sharing
Part B Drugs	20%
OTC	\$50/quarter
Rx Coverage in the Gap	\$2 / \$8 / \$0 (Tiers 1, 2, 6)
Rx - Deductible	No Deductible
Rx - Preferred Generic [1]	\$2 (30-day) / (\$0 mail)
Rx - Non-Preferred Generic [2]	\$8 (30-day)
Rx - Preferred Brand [3]	\$47 (30-day)
Rx - Non-Preferred Brand [4]	\$100 (30-day)
Rx- Speciality	33% coinsurance
Rx - Select Drug	\$0 (30-day)
Rx - 90-day Retrail/ Rx-90-day Mail	2.5 times 30-day / 2 times 30-day

Medical Equipment & Supplies	In-Network Copay/Cost Sharing
DME	20%
Medical Supplies - Other	20%
Prosthetics	20%
Diabetes Monitoring Supplies	20%
Diabetes Self-Management Training	\$0
Therapeutic Shoes	20%
Meals	Not Covered
Accupuncture	Not Covered

Hearing Services	In-Network Copay/Cost Sharing
Medicare Covered Hearing	\$0
Routine Hearing	\$0
Hearing Exam/ Hearing Aids	\$0 per exam (yearly) 2 TruHearing Flyte hearing aids per year \$299 / \$599

Vision Services	In-Network Copay/Cost Sharing
Exam to diagnose and treat diseases and conditions of the eye	\$0
Routine and non-routine eye exams	\$0
Vision Test (Refraction)	Not Covered
Eyeglasses or contact lenses after cataract surgery	\$0
Vision Hardware	Mandatory
Frames	\$150 - Either eyeglasses or contacts
Lenses	\$150 - Either eyeglasses or contacts
Contacts	\$150 - Either eyeglasses or contacts

Dental Services - Medicare Covered	In-Network Copay/Cost Sharing
Preventative Dental	Mandatory
Deductible	\$0
Plan Max	N/A
Oral Examinations	\$0 - 2 Exams
X-Rays	\$0 - 2 Sets of Bitewings
Comprehensive Dental	\$30 - Optional
Deductible	\$100
Plan Max	\$1,000
Basic	20%
Major	50%
Periodontal Exam	\$0
Orthodontics	Not Covered

Mental Health Services	In-Network Copay/Cost Sharing
Inpatient Mental Health	\$0
Outpatient Group Therapy	\$30
Outpatient Individual Therapy	\$40
Partial Hospitalization for Mental health	\$55
Skilled Nursing Facility	\$0 / days 1-20 \$125 / days 21-40 \$0 / days 41-100

Teladoc Member Services	<p>(800) 835-2362 (TTY 711) 24 hours a day, 365 days a year Teladoc.com/allwell</p>
Meals Services	<p>(800) 854-4766 (TTY 711) 10/1/2019 - 3/31/2020: Mon - Sun 8:00 A.M. - 8:00 P.M. 4/1/2019 - 9/30/2020: Mon - Fri 8:00 A.M. - 8:00 P.M.</p>
OTC Supplemental Benefit	<p>(866) 528-4679 Mon - Fri 9:00 A.M. - 8:00 P.M. Allwell.otchs.com</p>
Health & Fitness Partner	<p>Silver and Fit (855) 626-4667 MON - FRI 5:00 A.M. - 6:00 P.M. www.silverandfit.com</p>
Personal Emergency Response System (PERS)	<p>(833) 854-4766 (TTY 711) 10/1/2019 - 3/31/2020: Mon - Sun 8:00 A.M. - 8:00 P.M. 4/1/2019 - 9/30/2020: Mon - Fri 8:00 A.M. - 8:00 P.M.</p>
Vision Services	<p>(800) 854-4766 (TTY 711) 10/1/2019 - 3/31/2020: Mon - Sun 8:00 A.M. - 8:00 P.M. 4/1/2019 - 9/30/2020: Mon - Fri 8:00 A.M. - 8:00 P.M.</p>
Transportation Services	<p>LogistiCare/Circualtion Transportation (877) 718-4201 (TTY: 8660288-3133) MON - FRI 8:00 A.M. - 6:00 P.M. allwell.silversummitthealthplan.com</p>