

## PRIOR AUTHORIZATION

Phone: (702) 570-5420  
Fax: (702) 570-5419  
Portal: EZ NET

## CARE MANAGEMENT

Phone: (702) 570-5582  
Fax: (702) 570-5519  
E-mail: [caremanagement@p3hp.org](mailto:caremanagement@p3hp.org)

## PHARMACY PRIOR AUTHORIZATION

### MED IMPACT

Phone: (800) 788-2949  
Fax: (858) 790-7100  
24 hours a day / 7 days a week

## CLAIM/ENCOUNTER SUBMISSION

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

## ELECTRONIC CLAIMS SUBMISSION

EDI Payer ID: P3HNV  
Professional, Institutional and Hospital Claims

## CLAIMS STATUS

*Call to check claims status if claim has not been processed within 30 days of the initial submission.*

Phone: (702) 570-5119  
E-mail: [claims@p3hp.org](mailto:claims@p3hp.org)  
MON - FRI | 8:00 A.M. - 5:00 P.M.

## CLAIMS STATUS / CORRESPONDENCE

*Requests for review must be submitted within 180 days of the Remittance Advice for denials, underpayment, etc.*

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

## TRANSPORTATION

Phone: 1-844-923-0760  
MON - FRI | 7:15 A.M. - 5:00 P.M.

## MEMBER SERVICES

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

Phone: (844) 469-1759




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](mailto:P3Networksolutions@P3HP.org)



**Anthem MediBlue Plus (HMO)**

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PCP: R. Gaimaro  
P3 Health Partners Nevada LLC  
Dental - LIBERTY

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Member ID: [REDACTED]

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Group: **NVMCRWP0** Office Visit Copay: **\$0**  
 Plan: **332** Specialist Visit Copay: **\$0**  
 RxBIN: **020115** Emergency Room Copay: **\$120**  
 RxPCN: **IS** Preventive Copay: **\$0**  
 Issuer (80840): **9101000302** livehealthonline.com  
 RxGRP: **WM2A**  
 RxID: [REDACTED] CMS H4346-017-000

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**MEDICARE ADVANTAGE HMO MedicareRx**  
Prescription Drug Coverage



**anthem.com**

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Member Service: **1-844-469-1759**  
 TTY/TDD Line: **711**  
 Member Pharmacy Svcs: **1-833-341-4605**  
 Help for Pharmacists: **1-833-377-4266**  
 Provider Service: **1-702-444-0412**  
 Dental Customer Service: **1-888-700-0992**  
 24/7 NurseLine: **1-855-658-9249**  
 SilverSneakers: **1-855-741-4985**

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**Member:** Present this ID card to your health care provider before you receive services or supplies. See your Evidence of Coverage for covered services.  
**Provider:** Do not bill Medicare. Please submit claims to your local Blue Cross Blue Shield Plan. Include 3-digit prefix that precedes the identification number listed on the front of the card.

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**Possession of this card does not guarantee eligibility for benefits.**  
 Medical Claims & Inquiries:  
 EDI Payer ID: 58379  
 P3 Health Partners - Nevada  
 P.O. Box 211083, Eagan, MN 55121  
 Rx Claims: Ingenio Rx, Attn: Part D Svcs  
 P.O. Box 52077, Phoenix, AZ 85072-2077  
 Dental: P.O. Box 26110 Santa Ana, CA 92799

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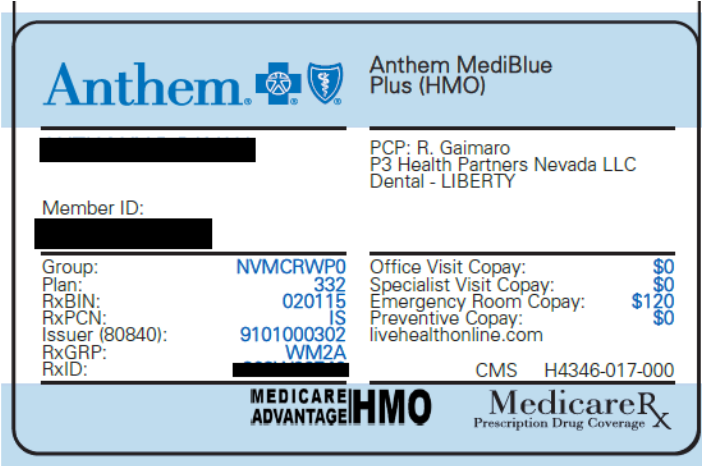
Anthem Blue Cross and Blue Shield is the trade name of Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc., dba HMO Nevada. Independent licensees of the Blue Cross and Blue Shield Association.


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Issue Date: 10/31/2019

Plan	Anthem MediBlue Plus (HMO) <sup>1</sup> H4346-017
PREMIUM	\$0
MAX OUT-OF-POCKET	\$1,250
PCP	\$0 copay
SPECIALIST	\$0 copay
INPATIENT HOSPITAL	\$0 copay
RX DEDUCTIBLE	\$0
RX STANDARD COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$5 / \$42 / \$95 / 33% 5 tier plan
MARKET SERVICE AREA	Clark
DENTAL	\$0 copay - 1 oral exam and 1 cleaning per year
FITNESS	SilverSneakers®
HEARING	\$0 copay - 1 hearing exam, fitting & evaluation per year \$3,000 maximum plan benefit per year
MCRS	Covered
OVER THE COUNTER	\$30 per quarter
PERS	Covered
PODIATRY	\$0 copay - 24 visits
TRANSPORTATION	\$0 copay - 12 one-way trips
VISION	\$0 copay - 1 routine eye exam per year ; \$125 allowance - eye glasses or contact lenses per year

<sup>1</sup>NOT a DSNP. Members without dual eligibility will receive these benefits, but also incur 20% coinsurance on most Medicare Parts A and B covered services and a Part D plan premium



**Anthem**  Anthem MediBlue Plus (HMO)

PCP: R. Gaimaro  
P3 Health Partners Nevada LLC  
Dental - LIBERTY

Member ID: [REDACTED]

Group: NVMCRWP0  
Plan: 332  
RxBIN: 020115  
RxPCN: IS  
Issuer (80840): 9101000302  
RxGRP: WM2A  
RxID: [REDACTED]

Office Visit Copay: \$0  
Specialist Visit Copay: \$0  
Emergency Room Copay: \$120  
Preventive Copay: \$0  
livehealthonline.com

CMS H4346-017-000

**MEDICARE ADVANTAGE HMO** MedicareRx  
Prescription Drug Coverage



**Anthem**  [anthem.com](http://anthem.com)

Member Service: 1-844-469-1759  
TTY/TDD Line: 711  
Member Pharmacy Svcs: 1-833-341-4605  
Help for Pharmacists: 1-833-377-4266  
Provider Service: 1-702-444-0412  
Dental Customer Service: 1-888-700-0992  
24/7 NurseLine: 1-855-658-9249  
SilverSneakers: 1-855-741-4985

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Dental: P.O. Box 26110 Santa Ana, CA 92799

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Issue Date: 10/31/2019

Plan	Anthem MediBlue Coordination Plus (HMO) <sup>1,2</sup> H4346-018	
MEDICAID STATUS	Medicare & Full Medicaid Eligibility	With Medicare Only
PREMIUM	\$0	\$22.70
MAX OUT-OF-POCKET	\$6,700	\$6,700
PCP	\$0 copay	20% coinsurance
SPECIALIST	\$0 copay	20% coinsurance
INPATIENT HOSPITAL	\$0 copay	Medicare Fee For Service
RX DEDUCTIBLE	\$0	\$435 (T2 -T5)
RX STANDARD COST SHARE T1/T2/T3/T4/T5/T6	\$0 / \$0-\$3.60 / \$0-\$8.95 / \$0-\$8.95 / \$0-\$8.95/ \$0	25% coinsurance
MARKET SERVICE AREA	Clark	
ACUPUNCTURE	\$0 copay - 24 visits	
CHIROPRACTIC	\$0 copay - 20 visits	
DENTAL	\$0 copay - 2 oral exams, 2 cleanings, and 1 x-ray per year; \$275 comprehensive allowance per quarter	
FITNESS	SilverSneakers®/ Nifty After Fifty	
HEARING	Covered	
OVER THE COUNTER	\$137 per quarter	
POST DISCHARGE MEALS	Covered	
TRANSPORTATION	\$0 copay - 48 one-way trips	
VISION	\$0 copay - 1 routine eye exam per year ; \$200 allowance - eye glasses or contact lenses per year	

<sup>1</sup>NOT a DSNP. Members without dual eligibility will receive these benefits, but also incur 20% coinsurance on most Medicare Parts A and B covered services and a Part D plan premium

<sup>2</sup>CareMore included in Network

<b>Pharmacy Services</b>	(833) 341-4605
<b>Help for Pharmacists</b>	(833) 377-4266
<b>Dental Customer Service</b>	(888) 700-0992
<b>24/7 Nurse Line</b>	(855) 658-9249
<b>Health &amp; Fitness Partner</b>	<p>Silver and Fit  <b>(855) 626-4667</b>            MON - FRI   5:00 A.M. - 6:00 P.M.  <a href="http://www.silverandfit.com">www.silverandfit.com</a></p>

## **CVS**

*Affiliates include:* CVS Pharmacy, CVS Pharmacy at Target, Longs Drug Stores, and Navarro Discount Pharmacies

## **Health Mart Atlas**

*This is a pharmacy service administration organization (PSAO) that has more than 5,000 independent pharmacies.*

## **Walmart**

*Affiliates include:* Neighborhood Market, and Sam's Club

## **Kroger**

*Affiliates include:* Fred Meyer, King Soopers, City Market, Fry's Food Stores, Smith's Food & Drug Centers, Dillon Companies, Ralphs, Quality Food Centers, Baker, Owen, Payless, Gerbes, Jay-C, Mariano's, Metro Market, Copps, and Pick 'n Save

## **Giant Eagle**

## **Roundy's**

## **Hannaford**

## **Harris Teeter**

## **H-E-B**

## **Food Lion**

## **Bartell Drugs**