

Quick Reference Guide 2019

Prior Authorizations, Prescription Meds, Claims & Appeals

Senior Care
Plus 

A Medicare Advantage Plan from Hometown Health.

P3 Provider Relations • (702) 444-0412 • Email: P3Networksolutions@P3HP.org

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

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: 58379

EDI Payer Name: Hometown Health Plan MA HMO
(P3 Health Partners Nevada)

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

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: (702) 444-0408

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: (702) 914-0863



Download the printable
Provider Directory at
<https://p3nv.org/providers/>