



**Advantage Behavioral Health in Partnership with
Windsor Medicare Extra Quick Reference Guide**

**Member Eligibility, Member
Complaints and
Appeals**

Nashville Local (615) 782-7851,
Memphis Local (901) 725-880
or Toll-Free 866-270-5223

**Claims, Provider Services,
Provider Enrollment
and Contract Matters**

Advantage Provider Services
Nashville Local (615) 460-4121
or Toll Free 866-726-4560

**Mental Health Authorizations
and Clinical Matters**

1-800-316-2273 option 3, ext 3056

PROCEDURES AND SERVICES REQUIRING AUTHORIZATIONS
All Out-of-Network Services
Inpatient – including psychiatric hospital and alcohol & drug
Outpatient Mental Health and Substance Abuse Services
psychological testing

Network Contracted Hospitals

Middle TN Region

St. Thomas Hospital
Vanderbilt Hospital
Nashville Rehabilitation Hospital
PSI (FHC) Hopkinsville, KY

East TN

Baptist Hospital of East TN
Erlanger Hospital

Central Arkansas Region

Lev Memorial Hospital
Saline Regional Medical Center
Southwest Hospital
St. Joseph Mercy Health Center

MidSouth Region (West TN & NE Arkansas)

Baptist Hospital – Desoto (North MS)
Baptist Hospital - Memphis
Delta Medical Center
St. Francis Hospital

West Central TN

Regional Hospital of Jackson

Central Mississippi Region

Alliance Health Center
Brentwood Behavioral Health
Hardy Wilson Memorial Hospital
Kings Daughter Medical Center Yazoo City

Filing Claims

Windsor is responsible for processing claims through its vendor. Claims will be filed in the same way and following the same guidelines as traditional Medicare with four exceptions:

- (1) Timely Filing for Claims is 90 days from the date of service
- (2) Electronic Claims Filing Information

Windsor Medicare Extra has established a relationship with the following two clearinghouses for electronic data submission:

- The SSI Group at www.thessigroup.com or 251-345-0000/800-881-2739.
- Emdeon at www.emdeon.com/Paylists/payerlists.php or 888-598-0731.

The Windsor Medicare Extra Electronic Data Interchange Vendor Number is **62153**

If you are already using another clearinghouse for your EDI claims, you may want to contact them to determine that they will transmit your Windsor Medicare Extra claims.

- (3) The Windsor Medicare Extra address for paper claims is as follows:

WHP Medicare
P.O. Box 269025
Plano, TX 75026-9025

- (4) Should a pre-certification or preauthorization number be associated with the claim, place the number in Box 23 of the CMS1500 at Box 62 of the UB92.

- (5) Additional information can be obtained in the Windsor Provider Manual by logging on to www.windsorextra.com and click on "I am a Provider". Click on "Windsor Provider Manual (PDF)".

Claim Status

There are 2 ways to check claims status:

Log on to www.windsorextra.com and click on "I am a Provider". Click on "Provider Login for Eligibility and Claims" in left hand column, and then click on "Register New User" at top of page. You will receive a return email letting you know your registration is complete and can begin checking claim status on the Windsor web page.

Call Windsor Provider Services at 1-866-270-5223 and **select option 2**, then **press 1** for claims status and benefits information.

Drug Formularies

Windsor is responsible for pharmacy services and for the Windsor Medicare Extra Drug Formulary. The formulary for psychiatric drugs can be found on the Advantage web site at www.advantagebehavioral.org. The complete Windsor drug formulary can be accessed on the Windsor web page at www.windsorextra.com. Click on "I am a Provider" then click "Plans, Directories & Formularies". Select your State and County.

Eligibility Verification

There are 2 ways to verify eligibility of a Windsor Member:

Log on to www.windsorextra.com and click on "I am a Provider". Click on "Provider Login for Eligibility and Claims" at top of left hand column, and then click on "Register New User" at top of page. You will receive a return email letting you know your registration is complete and can begin checking eligibility on the Windsor web page.

Call Windsor Provider Services 1-866-270-5223 and **select option 2**, then **press 1** for eligibility and benefits information.

Identification of a Windsor Medicare Extra Member

Each Windsor Member will have a Windsor Medicare Extra card and has been instructed to present it at each visit. The card was sent to the Member in a black card holder with the Windsor Medicare Extra logo on the inside so you can see the logo when the card is presented. This should assist you in identifying the patient as a Windsor Member.

The card will provide most of the information you need to process the patient through your system, including co-pay information and important phone numbers. Please see the sample card below.

[Front of card]

WINDSOR
MedicareExtra

[PLAN NAME]

NAME: [Member Name]
ID: [Member Number]
PLAN CODE: [Plan Code Number]
CO-PAY: OV [\$XX] ER [\$XX]
RTN VISION [\$XX]
OTC [\$XX Monthly Max]
REGION: [XXXXXXX]
ISSUER: [80840]
PLAN TYPE: [XXXXXX]
RxBin: [xxxxxxx] RxPCN: [xxxxxxxxxxx] RxGrp: [xxxxxxxxxxxxxxxxx]

MedicareRx
Prescription Drug Coverage X

[Back of card]

MEMBERS: Please carry this card with you at all times and present this card when you receive care. **DO NOT PRESENT YOUR MEDICARE CARD.** In case of emergency go to the nearest emergency room for medical care.

SUBMIT CLAIMS TO:

Windsor Medicare Extra, P.O. Box 269025, Plano, TX 75026-9025
Electronic Payor ID 62153

IMPORTANT NUMBERS:

- Windsor Provider Line: (866) 270-5223 / (615) 782-7851
- Member Services: (800) 316-2273 / (615) 782-7878
- TTY/TTD Line: (800) 848-0298
- Pharmacy Technical Help Desk: (800) 658-0424
- MD Pharmacy Prior Authorization: (866) 715-7519 (615) 782-7961
- Mental Health: (866) 270-5223
- www.WindsorExtra.com



ADDITIONAL SERVICES AVAILABLE To WINDSOR Extra Members

Nutritional Therapy Meal Delivery

Nutritional Therapy:

Purpose: To address malnutrition and nutritional compromise related to medical treatment and acute illness for which adequate nutrition is an important component of the optimum treatment plan.

Benefit Design:

Meals on Wheels one daily for up to 100 days yearly limit

This service will require **Prior Auth** based on the following criteria:

1. Prescribed by physician for up to 30 day intervals:
AND
2. One of the following:
 - Patient hospitalized for 7 or more days discharged to home and meals ordered within 3 days of discharge to home
 - Patient had major surgical procedure and meals orders within 3 days of return home
 - Patient has burns or skin breakdown or wound and BMI < 20 and receiving home health services
 - Patient has BMI < 20 and recent documented weight loss of 10 lb or more over the last 3 months and has completed evaluation by physician for medical and psychiatric causes of weight loss and physician feels that trial of nutritional therapy is appropriate clinical diagnosis of malnutrition by history and physical findings with BMI < 20 and supporting

- labs such as reduced albumin or pre-albumin in the absents of conditions affecting protein balance such as liver disease or nephrotic syndrome
3. Authorizations of additional treatment beyond 30 days require documentation of re-evaluation by prescribing physician to assure continued medical necessity.

Transportation:

Transportation is available under several of the Windsor Medicare Extra plans. The Silver, Gold and Platinum Plans each have \$3.00 co-pay/ one way; 40 one way trips/benefit year. Windsor Medicare Extra will cover up to \$25 per one way trip. Comprehensive Plan has \$0.00 co-pay (10 one-way trips/benefit year); Windsor Medicare Extra will cover up to \$25 per one way trip.

Member Complaints and Appeals

Member complaints and appeals will be tracked and processed by Windsor. Advantage will assist Windsor in reviewing and resolving member complaints and appeals related to behavioral health services. A form for filing member complaints and appeals can be downloaded at the Advantage web site www.advantagebehavioral.org. Click on the brown square marked "Members" and then on "Member Appeal Form (PDF)". Member complaints and appeals should be sent directly to Windsor at the following address:

Windsor Health Plan of Tennessee
Member Appeals and Grievance Department
7100 Commerce Way, Suite 285
Brentwood, TN 37027

Provider Claims Appeals & Medical Appeals

Windsor Medicare Extra
Attention: Claims Appeals
7100 Commerce Way, Suite 285
Brentwood, TN 37027

Windsor Medicare Extra
Attention: Medical Appeals
7100 Commerce Way, Suite 285
Brentwood, TN 37027

Claim Appeals Instructions For Participating Providers

Timely Filing of Claims = 90 days from Date of Service.

Appeal Time Frame = 180 days from Date on original Windsor Remittance Advice.

Corrected Claims = 60 days to submit corrected claim from Date of original Windsor Remittance Advice.

All Appeals must be mailed directly to Windsor Medicare Extra corporate offices to ensure appropriate tracking and processing to meet CMS compliance.

Claims Appeal/Reconsideration Outline – Provider Appeal/Reconsideration Form on webpage www.advantagebehavioral.org. Click on the blue square marked "Provider" and then "Appeal Reconsideration Form (PDF)". The form should be printed, filled out and mailed to the address below.

The following must be included in all Claims Appeals:

- Cover Letter with specific request or completed Provider Appeal/Reconsideration Form and any necessary supporting documentation.
- Claim form.
- Windsor denial remittance advice.
- Proof of eligibility verification or explanation of why eligibility verification was not obtained.

Mail to Windsor Medicare Extra
Attention: Claims Appeals Dept.
7100 Commerce Way, Suite 285

Brentwood, TN 37027

Medical Appeal/Reconsideration Outline – Provider Appeal/Reconsideration Form on webpage www.advantagebehavioral.org. Click on the blue square marked “Provider” and then “Appeal Reconsideration Form (PDF)”. The form should be printed, filled out and mailed to the address below.

A provider may request reconsideration from the Health Services Department on denied services requiring Prior Authorization when extenuating circumstances occur.

The following must be included in all Medical Reconsideration Requests:

- Cover Letter with specific request or completed Provider Appeal/Reconsideration Form and explanation of extenuating circumstances.
- Supporting documentation (medical record, etc.)
- Claim form.
- Windsor denial remittance advice (if applicable).
- Proof of eligibility verification or explanation of why eligibility verification was not obtained.

Mail to Windsor Medicare Extra

Attention: Medical Appeals
7100 Commerce Way, Suite 285
Brentwood, TN 37027

ADDITIONAL INFORMATION FOR ADVANTAGE PROVIDERS

Who do I contact with questions? How do I make comments or suggestions?

Contact the Advantage Provider line toll free at 1-800-316-2273 option 3, ext 3056 or visit our website at www.advantagebehavioral.org.

How can I submit claims and what is the payment timeframe?

Advantage encourages electronic billing. Claims are paid in accordance with applicable state prompt payment guidelines. Providers should receive payment between 15 to 30 days after submission of a clean claim. We encourage providers to explore electronic filing since claims submitted electronically tend to have the highest accuracy and fastest turnaround time for payment.