

HOW TO WORK WITH US

- Our plan members are seen by their Primary Care/ Geriatricians (PCP) on site of Serenity Care PACE: 604 Cottage street, Springfield, MA 01104
- Once the PCP determines a need for specialty care, our staff will make arrangements for the following:
 - Call your office for an appointment for the participant
 - Arrange for transportation to and from the appointment
 - Provide translation during the appointment, in person
 - Assure appropriate work up/ diagnostic testing is performed and communicated to your office prior to the appointment
 - Send your office patient referral/ authorization with demographic and pertinent clinical information and requests will be sent to your office prior to the appointment.
- PLEASE NOTE THAT ALL SPECIALTY SERVICES AND FOLLOW UP VISITS REQUIRE AUTHORIZATION.
- In case the authorization is not submitted prior to the patient appointment, please check the authorization status by calling the Authorization hotline at 413 241 6321


HOW TO REQUEST AUTHORIZATION

- Please call the authorization hotline to request an authorization for services. The number is 413 241- 6321.
- You may be asked to leave a message. Please leave the best time for a returned call; all calls are returned within 24 hours.
- Authorizations forms are completed by our authorization specialists.
- A verbal telephone confirmation is sufficient in case of urgency, however the authorization must be obtained PRIOR to the patient's appointment.

WHAT DO WE REQUEST OF YOU

- PROVIDE ONLY THE CARE REQUESTED ON THE REFERRAL FORM
- FAX, mail or send a secure email of your visit notes or requests authorization for further care.
- Give any prescription needed to the members to bring back to Serenity Care PACE to fill or fax prescription to (413) 747-3979

GET PATIENT INFORMATION

Serenity Care PACE			
	Member Name Susan A Sample		
	Member Number	Effective Date	Date of Birth
	XXXXXXXX	01/02/18	01/02/40
Patient has NO Copays			
All non-emergent care requires PRIOR approval			

Check eligibility on the day of the service by calling our provider services at **413-241-6321**.

Have member ID number ready

HOW TO GET PAID

SERENITY CARE PACE REPLACES MEDICARE AND MEDICAID COVERAGE

- Please make sure you have sent your report/ notes of the member's visit prior to submitting a claim (FAX /Mail/ secure email). Claims will not be paid without supporting documentation of the provided service/s.
- Please bill Serenity Care PACE for authorized services provided. Claims should be completed as if billing Medicare (same claim requirements).
- Serenity Care PACE can accept either paper (mail or FAX) or electronic claims.

File claims through an electronic data interchange

- Secure file transfer protocol (SFTP) Direct Submission
- Clearinghouse submissions **payer ID 27034**
To get started or ask questions about submitting electronic claims, call us and ask to speak with the operations specialist

www.serenitypace.org/providers

Serenity Care PACE PCP Center: **(413) 241- 6321**

Authorization phone: **(413) 241- 8967**

Authorization FAX: **(413) 747- 3979**

or **(413) 734- 0046**

Claim inquiry: **(413) 241- 8967**

Email: Claims@peakpacesolutions.com

Claim Address: Peak PACE Solutions, LLC,

P.O. 30760 Tampa, FL 33630-3760