



Quick Reference Guide

www.SenderoHealth.com

Department Phone Numbers

Provider Customer Service 1-844-800-4693

Behavioral Health Services

1-855-765-9696

Claims

1-844-800-4693

Pediatric Dental Services — Liberty

1-866-609-0426

Medical Management

1-855-297-9191

Pharmacy Services - Navitus

1-877-908-6023

Vision Services —Envolv

1-855-279-9680

Department Email

Network

for provider related questions or concerns
senderoproviders@senderohealth.com

Contracting

for contracting questions or copy of your contract
senderoprovidercontracts@senderohealth.com

Self Referrals

In-network only: Members may self-refer for the following covered outpatient health care services:

- Mental Health services
- Substance Use Disorder services
- Obstetric services
- Well-woman gynecological services
- Vision care, including covered eyeglasses (when covered)

Online Tools

Website

<https://senderohealth.com>

Provider Portal

<https://providers.senderohealth.com>

Claims

Paper Claims Mailing Address:

Sendero Health Plans
ATTN: Claims
PO Box 17307
Austin, TX 78760

*Submit claims within 95 days of the date of service

Electronic Claims

Payer ID:
MV440 through
Trizetto/Cognizant

Adverse Determination Appeals*

Submit by mail to:

Sendero Health Plans
ATTN: Medical Management Dept.
PO Box 17307
Austin, TX 78760

Submit by Fax: 512-901-9724

Submit by telephone:

Sendero Medical Management
Dept. Phone: 1-855-297-9191

*Providers must file Adverse Determination Appeals within 30 calendar days after the date on the written notification of an adverse determination

Claim Reconsideration / Appeals

Initial (Level 1) Claim Reconsiderations:

Sendero Health Plans
ATTN: Reconsiderations
PO Box 17307
Austin, TX 78760

*File claim appeals within 120 days from the date of the explanation of payment

Subsequent (Level 2) Claim Appeals:*

Email:

SenderoClaims@senderohealth.com

or mail to Sendero Health Plans

ATTN: Appeals II
PO Box 17307
Austin, TX 78760

*A Level 2 Appeal cannot occur unless an earlier reconsideration has been submitted and denied. File Level 2 appeals within 30 calendar days of the reconsideration decision.