

Emdeon is now Change Healthcare

In September 2015, Emdeon announced that it had rebranded as Change Healthcare. The company's website, offices and communications have begun migration to the new name. As rebranding efforts continue, Change Healthcare will communicate as needed. You will continue to have access to the important information you need. To help keep things simple, below are a few things that may help:

- Change Healthcare has not closed the existing Emdeon website. All existing Emdeon bookmarks will continue to work.
- The “Login” button on the new (Change Healthcare) site will redirect you to legacy (Emdeon) sites and product lists.
- Contact Change Healthcare (Emdeon) at **1-877-363-3666** or visit **www.changehealthcare.com** and select “Resources” for help regarding enrollment, product support, payer lists, EFT/e-payment, or payer ERA.

Over the coming months, Change Healthcare will continue to update the provider community about its new identity. For more information on the rebrand, please visit **emdeon.mediaroom.com**. If you have questions, please contact your Provider Account Executive or the Provider Services department at **1-800-617-5727**.

Prior Authorization Requirements and Timeframes

Prior authorization requirements should be followed to help ensure the timely processing of claims. Below is a list of requirements and timeframes to help you when submitting an authorization request. To expedite this process, please ensure all clinical information you have is submitted with your request for authorization.

Prestige Member Portal

Prestige encourages providers to direct members to our Member Portal following a visit. The portal can help the member review their medicine, recent visits, benefits, and primary care provider (PCP), as well as provide them a summary of their medical care history.

The Member Portal login page can be found at <https://www.prestigehealthchoice.com/memberportal/apps/userauth/log-in.aspx>.

Expedited Requests:

- Prestige Health Choice must make its determination within 48 hours of receipt of your request for an expedited authorization.
- Requests will be considered expedited if following the standard timeframe could seriously jeopardize the member's life or health or ability to attain, maintain or regain maximum function.
- Expedited requests must be signed by the requesting physician.
- Incomplete requests and requests not falling under the expedited definition above will follow the standard timeframes outlined below.

Standard Requests:

- Prestige Health Choice must make its determination within 7 calendar days of receipt of your request for authorization.

All requests must include CPT/HCPC codes. Requests received without the appropriate codes will be considered incomplete and voided. You will be advised via fax to resubmit your request. If sufficient supporting clinical information is not included, we will follow up once via phone or fax to indicate the information needed, as well as a due date. If this information is not received, the request will be sent to our Medical Director for determination.

Fax all standard and expedited requests to **1-855-236-9285**. If you have any questions, please contact Provider Services at **1-800-617-5727**.

