

Updating demographics and the provider directory

Prestige Health Choice (Prestige) asks providers to give advance notice of any changes made to office addresses, phone numbers, or panel status. Updating demographics is vital to ensure both our members and our staff have the most up-to-date information. Prestige relies on its providers to notify us of these demographic changes to ensure our provider directory remains current. Please notify your Provider Account Executive immediately if there have been, or will be, any changes to your demographic information, including, but not limited to, address, phone or fax numbers, office hours, and whether you are accepting new Prestige members.

Medical record requests

Prestige requests that providers pay close attention, and provide an immediate response, to medical record requests received from our Quality Management department. Medical records are essential to the completion of quality reviews and audits. They are also a critical part of determining how to improve processes and the quality of care for our members. Furthermore, Medicaid regulations and the contractual agreement between the provider and Prestige require that the plan be provided access to member records upon request. Please refer to the Managed Medical Assistance Contract Attachment II, Section VI(C)(6)(c)(17) and Section II, Provider Roles and Responsibilities, of the Prestige provider manual.

If you have difficulty responding to a request, please contact our Quality Management Department at **1-855-464-8812, ext. 3051021055**.

Durable medical equipment, home health, home infusion and injectables

Authorization requests for durable medical equipment (DME) and home care services, which include home health, home infusion and injectables, wound care supplies, and enteral nutrition are handled by our Coordinated Care Unit (CCU). Please reference the list below when submitting your requests.

- ▶ Complete orders should use the appropriate request form, and include the following:
 - Date when orders were written.
 - Member name.
 - Diagnosis.
 - Service requested and length of need.
 - Requesting provider signature and NPI.
 - Member demographic information.
 - Clinical documentation to support the need of the service(s) being requested.
- ▶ CCU fax numbers (DME, home health and home infusion therapy):
 - Routine requests can be faxed to **1-855-398-5610**.
 - Discharge requests can be faxed to **1-844-412-7885**.
- ▶ The CCU provider forms below can be located at www.prestigehealthchoice.com, under Provider Resources/Forms:
 - DME prior authorization request form.
 - Home care services prior authorization request form.
 - Hospital discharge prior authorization request form.
 - Notice of patient non-admit form.
 - Notification request form.

Fraud Tip Hotline 1-866-833-9718
24 hours a day, seven days a week.
Secure and confidential.
You may remain anonymous.

Prestige offers non-emergency
transportation for members.
Please contact our transportation
vendor at 1-855-371-3968.

Members requiring assistance on discharge, or with home care services, can be directed to the CCU Rapid Response line at 1-855-371-3960.

The physician and member relationship

A Prestige provider shall not seek or request to terminate his or her relationship with a member, or transfer a member to another provider of care, based upon the member's race, national origin, religion, medical condition, amount or variety of care required, or source of payment, in accordance with the Florida Patient's Bill of Rights and Responsibilities, F. S. 381.026 (4)(d)(1).

A health care provider may terminate a patient relationship at any time; however, the provider may not abandon a patient. Reasonable efforts should always be made to establish a satisfactory provider and member relationship in accordance with practice standards. The provider should document three attempts in the member's medical record to support the provider's efforts to develop and maintain a satisfactory provider and member relationship.

If a satisfactory relationship cannot be established or maintained due to member noncompliance, abuse, violence, or the threat of violence, the provider shall continue to provide medical care for the Prestige member until such time that the member receives verbal or written notice. The Florida Board of Medicine, Florida Medical Association, and American Medical Association's Council on Ethical and Judicial Affairs recommends providers remain available to the patient for at least 30 days to provide emergency services, referrals, prescriptions, and assistance in locating another practitioner for the patient to ensure the continuation of care. (F. S. 381.026) Assistance may include referring the member to Prestige Member Services, at 1-855-355-9800, to locate an in-network provider.

