Prestige HEALTH CHOICE® Leading the Way to Quality Care

Connections

A Provider's Link to Prestige Health Choice 2017 Issue 2

Prestige Health Choice clinical policies available on our website

Prestige Health Choice (Prestige) is dedicated to providing the most comprehensive, outcomes-driven health solutions for our members. Part of this approach means making it a priority to reduce unnecessary variations in care. We have used the latest scientific evidence and research to create a set of clinical policies that represent the latest in current professional standards.

Prestige has developed these clinical policies to assist with making coverage determinations. Prestige's clinical policies are based on guidelines from established industry sources, such as the Centers for Medicare & Medicaid Services (CMS), state regulatory agencies, the American Medical Association (AMA), medical specialty professional societies, and peer-reviewed professional literature. Prestige considers these clinical policies when making coverage determination, while also weighing other factors. These other factors include plan benefits, state and federal laws and regulatory requirements (including any state- or plan-specific definition of "medical necessity"), and the specifics of each particular situation. In the event of a conflict between a clinical policy and plan benefits or state or federal laws or regulatory requirements, the plan benefits or state or federal laws or regulatory requirements shall control.

While these policies are intended to inform, they are not intended to replace a provider's clinical judgment. The provider remains responsible for determining the applicable treatment for each individual. Prestige's clinical policies can be found at **www.prestigehealthchoice.com**.

Update to list of services requiring prior authorization

The list of services for which Prestige requires prior authorization has been updated. Effective August 1, 2017, the number of services requiring prior authorization has been reduced. Please note that this change also allows for a higher dollar threshold before prior authorization is required for durable medical equipment services.

The process to submit requests for prior authorization has not changed. You can continue to submit prior authorization requests:

- Online via the Availity website at **www.availity.com**.
- By fax using the fax number at the top of the appropriate Prior Authorization Request Form.
- By phone at **1-855-371-8074,** for expedited requests only.

You will be advised if a service no longer requires prior authorization.

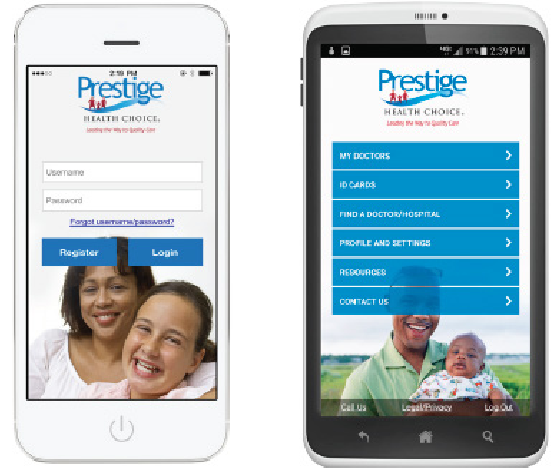
For a full list of services requiring prior authorization, as well as all prior authorization forms, visit **www.prestigehealthchoice.com**. If you have questions, please contact your Provider Network Management Account Executive or Provider Services at **1-800-617-5727.**

Articles in this edition

- Clinical policies available on website
- Prior authorization updates
- The Prestige member mobile app
- Prestige partners with Argus dental on telephonic outreach campaign
- New requirement for expedited authorization requests
- Change to billing guidelines for overlapping dates of service
- Durable medical equipment (DME), home health, and home infusion and injectables
- Pharmacy benefit management, prior authorization, and the preferred drug list
- Current billing guidelines for Medicare dual eligible members
- Updating provider demographics

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

The Prestige Health Choice mobile app



Prestige has a new smartphone application available for free for Prestige members from any iPhone or Android device. The Prestige app provides members with fast, secure, and easy mobile access to important health insurance information, including:

- Member ID card — Members can quickly display, email, or fax their member ID cards.
- Primary care provider (PCP) information — Members can access their PCPs' contact information, and a "one-click" call feature allows members to call their PCPs directly from the app.
- Searchable provider and facility directory — Members can use the directory to find participating providers, hospitals, urgent care centers, and pharmacies.

The Prestige mobile app is available for iPhone and Android smartphones under the app name "PHC Mobile." To get the mobile app, members can visit the Google™ Play Store or Apple® App Store.

The app is available in both English and Spanish. If you have any questions, please contact Provider Services at **1-800-617-5727.**

Prestige Health Choice and Argus Dental partner on telephonic outreach campaign

In 2016, Argus Dental & Vision Inc. (Argus) partnered with Prestige on a new telephonic outreach campaign to provide nutritional counseling to members ages 2 – 21. Through this campaign, registered dental hygienists contacted juvenile members' guardians and provided counseling on the importance of healthy snacks, fluoride toothpaste, sealants, and brushing. The dental hygienists also discussed the importance of routine dental visits and assisted with scheduling appointments with local dentists.

From October 2016 to December 2016, over 2,400 members received nutritional counseling calls. Members were intrigued as they learned about the correlation of their nutrition and the health of their mouths.

Starting in June, the dental hygienists will begin reaching out to members who have not received dental care in at least two years to provide the education that will encourage immediate dental visits and influence healthier food and oral hygiene choices. By reaching members at an early age, we will promote healthier lifestyle changes that will lead to smarter, healthier adults.

New requirement for expedited authorization requests

A provider may submit an expedited authorization request to indicate that following the standard authorization request timeline could seriously jeopardize a member's life or health or ability to attain, maintain, or regain maximum function.

Prestige will handle these requests within 48 hours of receipt (unless extended for an additional two business days, where warranted). Given these tight timeframes, Prestige appreciates our providers' cooperation in limiting their expedited authorization requests to those cases that truly meet this definition.

To facilitate this, effective August 1, 2017, each expedited authorization request must be submitted with a provider's order indicating the request meets the criteria for expediting. Expedited requests received without an order signed by the requesting provider will be handled within the standard time frame.

Change to billing guidelines for overlapping dates of service

Effective July 1, 2017, there has be a change in the billing requirements for hospital outpatient claims billed on a UB-04. This change applies to all Prestige members. As of July 1, 2017, multiple UB-04 outpatient claims should not be billed to the plan with the same or overlapping dates of service. Claims submitted with overlapping dates of service will result in a claim denial. Please see the example below:

Example:
- First outpatient hospital claim received for member A is billed with dates that span from May 5, 2017 to May 6, 2017.
- Second outpatient hospital claim received for member A with a date of service of May 5, 2017.

Regardless of the procedure, this incorrect billing will result in a denial. It is highly recommended that you bill each date of service on a separate claim to avoid overlapping dates. Overlapping dates on multiple outpatient facility claims billed on a UB-04 for the same member will not be allowed for outpatient services. Providers must submit a corrected claim for each date of service. Corrected claims should be billed with frequency code (7), "replacement of prior claim or corrected claim."

Durable medical equipment (DME), home health, and home infusion and injectables

Authorization requests for (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 needed length of service.
- Requesting provider signature and NPI.
- Member demographic information.
- Clinical documentation to support the need for the services 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 are available at **prestigehealthchoice.com**, on the Providers forms page:

- DME authorization request form.
- Home care services authorization request form.
- Hospital discharge authorization request form.
- Notice of patient non-admit form.
- Notification request form.

Members requiring assistance upon discharge or with home care services can be directed to the CCU Rapid Response and Outreach Team at **1-855-371-3960**.

Pharmacy benefit management, prior authorization, and the preferred drug list

PerformRx[SM] provides pharmacy benefit management services to Prestige Health Choice. Providers are responsible for obtaining prior authorization when required. PerformRx specialty and non-specialty pharmacy prior authorization forms and criteria are available on the Prestige website at **www.prestigehealthchoice.com/provider/itn/find-provider/index.aspx**.

- You can fax prior authorization requests to PerformRx at **1-855-825-2717.**
- You can call Provider Services at **1-800-617-5727** for assistance.

The Agency for Health Care Administration (AHCA) Preferred Drug List and Changes Summary Report, which lists changes made to the preferred drug list as a result of the last AHCA Pharmaceutical and Therapeutics Committee meeting, can be accessed from the same Prestige page above or on AHCA's site at **ahca.myflorida.com/medicaid/Prescribed_Drug/pharm_thera/fmpdl.shtml**.

For pharmacy questions, call the Pharmacy Help Desk at **1-855-371-3963**, available 24 hours a day, seven days a week.

Upon approval of a specialty authorization, you may forward the corresponding prescription to PerformSpecialty® for prompt service.

- Phone: **1-855-287-7888**.
- Fax: **1-844-489-9565.**

11631 Kew Gardens Ave.
Suite 200
Palm Beach Gardens, FL 22410

Current billing guidelines for Medicare dual eligible members

As a reminder, current billing guidelines for a Medicare dual eligible member (Medicare primary) do not allow for claims to be billed with overlapping dates of service for hospital outpatient claims billed on a UB-04. Claims with overlapping dates of service on multiple claims submitted to the plan for Medicare dual eligible members will result in a claim denial.

If you have any questions, please contact Provider Services at **1-800-617-5727**.

Updating provider demographics

If there have been any changes to your office phone or fax numbers, office addresses, hours of operation, acceptance of new patients, or other important information, please contact your network representative or Provider Services at **1-800-617-5727**.

© 2017 Prestige Health Choice, Inc.

P2335_1707