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Provider satisfaction survey

90.4%

**favorability
of Prestige
Health Choice**

88.1%

**would
recommend
Prestige**

We would like to extend a sincere thank you to all the practices that participated in the 2017 provider satisfaction survey. We value your insight and appreciate the time taken to participate in the survey.

Survey respondents indicated 90.4 percent satisfaction with Prestige Health Choice (Prestige); 88.1 percent would recommend Prestige to other providers. The survey results indicated that Prestige particularly excels in the following areas:

- The Provider Relations team's ability to answer questions and resolve problems.

- The accuracy of reports from the Availity Provider Portal.
- The process of obtaining member information such as eligibility, benefit coverage, and copay amounts.

Specialists had the highest survey response rate.

We are very proud of those results. We want to continue to emphasize that we are here to support you in caring for our members.

We look forward to working with you to address any issues you encounter. We welcome your ideas and comments and encourage you to share them with your Provider Network Management Account Executive.

SBIRT: Raise the Topic

Prestige is embarking on a three-year learning collaborative to increase the identification of youth at risk for substance use disorders. Prestige is one of seven health plans nationwide, and the only Florida-based plan, to participate in the collaborative.

Through this collaborative, each health plan will pilot a provider training program aimed at raising awareness of adolescent substance use disorders by using the Screening, Brief Intervention, and Referral to Treatment (SBIRT) approach. SBIRT is an evidence-based, public health approach that supports intervention and treatment services for at-risk individuals.

According to the Palm Beach Medical Examiner, the state saw a 509 percent increase in opioid overdose fatalities in the past four years. Prestige's

program, SBIRT: Raise the Topic, will equip providers with the necessary tools to screen, intervene, and refer to treatment when indicated.

The project is led by the Center for Health Care Strategies in partnership with the Association for Community Affiliated Plans and is funded by the Conrad N. Hilton Foundation. SBIRT: Raise the Topic will be made available to additional network providers in 2018.

Pharmacy spotlight: Opioid clinical reminders

- Opioids are not first-line treatment for chronic pain.
- Establish and measure treatment goals and risks versus benefits.
- Review non-opioid-based therapies.

- Immediate-release opioids should be initiated when starting chronic pain therapy.
- Begin at the lowest dose and titrate slowly.
- For acute pain, only small quantities of opioids should be prescribed.
- Extended-release opioids should not be prescribed for acute pain.
- Taper opioids or discontinue when appropriate.
- For every prescription, check the SCRIPTS monitoring program for high doses and prescriptions from other providers. SCRIPTS can be accessed at www.floridahealth.gov/statistics-and-data/e-forcse/.
- Whenever possible, avoid prescribing opioids and benzodiazepines concomitantly.
- Obtain urine drug screens to ensure appropriateness of opioid use; check for the use of other illicit drugs.
- Refer patient for further evaluation and treatment services for opioid use disorder as indicated.
- For further details, refer to the Centers for Disease Control and Prevention's (CDC) guidelines on prescribing opioids.



Prestige mobile app

Prestige has a new smartphone application for Prestige members available for free download to iOS and Android devices.

The Prestige app provides members with fast, secure, and easy mobile access to important health plan 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**.



PerformRx and pharmacy prior authorization

PerformRx provides pharmacy benefit management services to Prestige. 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 Pharmaceutical and Therapeutics Committee meeting, can be accessed from the same Prestige page above or from 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**.



Healthy Behaviors programs

Prestige offers Healthy Behaviors programs for eligible members to earn rewards for reaching certain health milestones. Members can earn up to a \$50 reward per program. There is no limit on how many programs members can complete. For a complete list of Healthy Behaviors programs and associated forms, please visit www.prestigehealthchoice.com.



Cultural competency and language access services

Connecting effectively with a diverse population

Prestige strives to provide health care in a respectful, understandable, and effective manner to an increasingly diverse population of racial and ethnic groups in our communities, each with its own cultural traits, linguistic needs, and health profiles.

We understand that it is our responsibility, and that of our extensive provider network, to effectively connect with our diverse member population.

Our commitment to culturally competent health care

Prestige's Cultural Competency Program encompasses quality improvement initiatives and interventions to ensure that all members, regardless of country of origin, primary language, race, ethnicity, or cultural background, are served in a manner that is respectful of, and appropriate to, their cultural and linguistic needs.

Language services available

To support this effort, we offer interpretation services and alternate-format versions of all our written materials at no cost to our members. Communication, whether written, verbal, or in alternate formats, is the first step in establishing a relationship with our members. The key to ensuring equal access to benefits and services for limited English proficient, low literacy proficient, and sensory impaired members is to ensure that providers can effectively communicate with them.

Our members have the right to receive oral interpretation services free of charge. This includes telephonic or in-person assistance at a member's provider visits. Telephonic interpretation is available in over 200 languages, 24 hours a day, seven days a week.

Please call Member Services at **1-855-355-9800** to access these free services.

HEDIS training

Prestige offers Healthcare Effectiveness Data and Information Set (HEDIS) training that provides information, tools, and resources to meet quality goals on the path to obtaining successful HEDIS scores. Trainings are conducted on the second and third Thursday of every month from 3 p.m. to 4 p.m. and will continue through the end of 2017.

The Prestige HEDIS training includes discussions on the topics below, followed by a question and answer session:

- HEDIS measures.

- HEDIS reporting tools and resources.
- Community engagement.
- Integrated care management.
- Healthy Behaviors program.

To sign up for our next training, visit www.prestigehealthchoice.com, click on the Providers tab, and then click on Training and Education. If you have any questions, please contact Provider Services at **1-800-617-5727** or your Provider Network Management Account Executive.



Child Health Check-Up Program (CHCUP)

The State of Florida's implementation of the federal Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) program, CHCUP, is a program for Medicaid members under age 21. CHCUP is a set of comprehensive and preventive health examinations provided on a periodic basis to identify and correct medical conditions in children and adolescents. CHCUP also includes education for parents and guardians on CHCUP services. Immunizations; dental, vision, and hearing services; behavioral health services; laboratory testing; and other CHCUP-related services are covered for recipients under age 21.

Prestige coverage includes CHCUP, and participating providers must adhere to CHCUP service standards. For a complete list of CHCUP service standards and a schedule of exams, providers should refer to AHCA's website at www.ahca.myflorida.com or to the Prestige provider manual, available at www.prestigehealthchoice.com.



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CONNECTIONS



*A Provider's Link to
Prestige Health Choice*

New submission guidelines for Medicare dual eligible claims

According to direction from the Centers for Medicare & Medicaid Services (CMS), providers only need to submit claims for dual eligible members one time to CMS for processing. Providers no longer have to submit secondary claims to Prestige. CMS will automatically forward claims to Prestige for members who are

eligible for both Medicare and Medicaid coverage.

Please note: If a provider submits a claim for a dual eligible member that CMS has already forwarded to Prestige, Prestige will deny the provider-submitted claim as a duplicate claim.

