2018 IMPORTANT MEMBER INFORMATION

As your health insurance provider, it's important that we keep you informed about key aspects of your health plan.

prominencehealthplan.com

Prominence HealthFirst HMO/POS

Thank you for choosing Prominence Health Plan as your healthcare partner!

The content included in this mailing contains important information related to your Prominence Health Plan policy. If you do not have access to a computer, you can request a paper copy of any of this information. Please contact our Customer Service team at the phone number listed on the back of your member ID card, Monday through Friday, from 6 a.m. to 5 p.m. PST.

IMPORTANT PHONE NUMBERS

Prominence Customer Service

800-863-7515 HMO/POS Members

800-433-3077 PPO Members

Customer Service phone numbers can also be located on the back of your Member ID card.

TTY, Telecommunications devices for the deaf or hard of hearing and telephone typewriters for the speech impaired are offered by dialing **800-326-6868.**

Pharmacy Benefits - Call 844-282-5339 for questions regarding your prescription drug plan. Through the **Pharmacy by Mail program**, you can obtain a discounted 90-day supply for maintenance medications and have them delivered right to your home. **Call 855-873-8739**.

Teladoc Telemedicine – 1-800-TELADOC (835-2362) or teladoc.com
For access to U.S. board-certified doctors and pediatricians by phone or video, 24-hours a day, every day of the year. Get advice and help for sinus problems, bronchitis, cold and flu symptoms and more.

24-Hour NurseLine – Call 800-243-5495 24-hours a day for FREE access and to discuss worrisome symptoms, accidents and ask health-related questions.

LANGUAGE TRANSLATION AND OTHER SERVICES

If you or the person assisting you have a complaint or question about your health benefits or other information related to your plan coverage, you have the right to receive help and information in a language other than English at no cost. Call Prominence Health Plan Customer Service at the phone number on the back of your member ID card for assistance with access to language translation services. You can also contact Customer Service to ask for the translation of written benefit materials.

Telecommunications devices for the deaf or hard of hearing and telephone typewriters for the speech impaired are offered by dialing **800-326-6868**.

MEMBER RIGHTS AND RESPONSIBILITIES STATEMENT

Prominence Health Plan reviews and updates its Member Rights and Responsibilities Statement each year to ensure it meets regulatory standards and requirements. This Statement is found in the Evidence of Coverage (EOC) and Certficate of Coverage (COC) documents, which you receive electronically when you enroll each year. Additionally, this information can be found online at **prominencehealthplan.com/member-rights-responsibilities/.**

NOTICE OF PRIVACY PRACTICES

In accordance with the HIPAA privacy regulations, Prominence Health Plan has an obligation to protect your personal and medical information across the orgniazation, whether it is in oral, written or electronic form. Prominence Helath Plan has the right to use and disclose your protected health information (PHI) for payment activities and healthcare operations. The majority of the uses and disclosures of your PHI are for these functions. For a complete description of how Prominence Health Plan may use and disclose your PHI and your HIPAA rights, please access the Notice of Privacy Practices available in your plan EOC/COC within the secure member portal. You may also contact our Customer Service team for a printed copy or find the information online at **prominencehealthplan.com/member-privacy-notice/.**

QUALITY IMPROVEMENT

The Prominence Health Plan Quality Improvement (QI) Program is designed to assess and improve the quality of care and service delivered to its members. The goal is to monitor and improve the quality and appropriateness of patient care and services. To achieve this goal, Prominence Health Plan will make every effort to meet national standards for the delivery of care and services, measure performance outcomes, and develop and implement action plans to improve outcomes.

Each year, Prominence Health Plan measures how close it is to meeting its goals. Here's what Prominence Health Plan did in 2017:

- Collected data on the Healthcare Effectiveness Data and made Information Set (HEDIS®) clinical measures.
- Reviewed performance to determine whether goals were met and made plans for continued improvement. While Prominence Health Plan made some improvements in 2017, additional work is needed.
- Shared the results with the National Committee for Quality Assurance (NCQA) for public reporting.
- Asked members and providers how satisfied they are with Prominence Health Plan as a health plan.
- Analyzed member and provider feedback and implemented plans to improve member and provider satisfaction with Prominence Health Plan.

To learn more about Prominence Health Plan's Quality Improvement Program or its progress on meeting goals or to request a copy of the QI Program, please contact Customer Service at the phone number printed on the back of your member ID card.

CASE MANAGEMENT & CARE COORDINATION

Care coordination is a collaborative process between members and Prominence Health Plan. egistered nurses assist members who have complex medical needs by ensuring continuity and coordination of care and by facilitating referrals to appropriate contracted centers of excellence, tertiary and transplant care.

Members may self-refer for care coordination and complex case management. Participation is voluntary. There is no cost to participate, and members may opt out at any time.For questions or to self-refer, call the Customer Service team at the phone number on the back of your member ID card.

UTILIZATION MANAGEMENT PROCEDURES

Prominence Health Plan has a Utilization Management (UM) process in place to make decisions about your medical care. Utilization Management decision making (pre-service, concurrent, and retrospective) is based only on appropriateness of care and service and existence of coverage. Evidence-based review guidelines and/or criteria are used in conjunction with other important factors in the decision-making process. Decisions sometimes result in the denial of a requested service. Reasons for a denial could include, but are not limited to: 1) not medically necessary, 2) not a covered benefit, and 3) membership ineligibility.

Prominence Health Plan does not reward practitioners or other individuals for issuing denials of coverage or service care. In addition, financial incentives for UM decision makers do not encourage decisions that result in underutilization. Incentives, including compensation, for any person are not based on the quantity or type of denial decisions rendered.

If you have questions about the prior authorization process or other Utilization Management issues, please the Customer Service team at the number on the back of your ID card. Staff are available at least eight hours a day, from 8 am to 5 pm for inbound collect or toll free calls. After normal business hours, members may leave a message with their UM issues, and staff will call back the following business day. Telecommunications devices for the deaf or hard of hearing and language services are available for member to discuss UM issues.

PRIOR AUTHORIZATION AND YOUR MEDICAL CARE

Prior authorization is the standard process of receiving approval for certain procedures and services to ensure that the requested medical care is appropriate and necessary.

As a condition of reimbursement, the requesting healthcare professional must justify the need for certain services or medications and obtain approval from Prominence Health Plan before providing the services. For a list of specialty provider services and procedures that require prior authorization, visit the "Forms and Resources" page found on **prominencehealthplan.com**.

Care that is needed on an emergency basis is NOT subject to prior authorization regardless of the time of day, day of the week or place of service.

HOW TO ACCESS CARE

Prominence Health Plan encourages all members to select a primary care Provider (PCP). Routine visits to your PCP can help identify any health issues you may have and determine ways to then manage your care. The PCP will determine if specialty services are needed and will refer you if applicable. To select a PCP, you may browse through the online Provider and Pharmacy Directory, which lists network providers, pharmacies and durable medical equipment suppliers. The Directory contains information about how to contact providers and their locations but also other helpful information such as language, board certification, qualifications and whether they are accepting new patients. Please visit the Provider and Pharmacy directories at **prominencemedicare.com.** Both Member Services and the website can give you the most up-to-date information about changes in network providers and pharmacies.

Prominence Health Plan is committed to providing timely access to care for all members in a safe and healthy environment. Access standards have been developed to ensure that all healthcare services are provided in a timely manner. To learn more about these standards, please contact Customer Service at the number listed on the back of your member ID card.

HOW TO ACCESS EMERGENCY CARE

A medical emergency is the sudden, serious and unexpected onset of an acute illness or accident that is:

1. an immediate life or death condition; or
2. an illness, injury or severe pain that requires immediate medical attention, without which the person would be exposed to significant risk of serious illness, disability or death.

Sudden onset of bleeding, chest pains, poisoning, loss of consciousness or shortness of breath are examples of "medical emergencies."

If you find yourself in an emergency situation, immediately call 911 or go to the nearest emergency room. Prominence Health Plan members can obtain needed emergency care services to screen and stabilize without prior authorization.

WOMEN'S HEALTH AND CANCER RIGHTS ACT

For female Prominence Health Plan members, along with benefits detailed in your plan, your benefits include coverage for:

1) Breast reconstruction following a mastectomy, including reconstruction of the other breast to provide a symmetrical appearance
2) Prosthesis
3) Treatment of physical complication from all stages of mastectomy, including lymphedemas

This coverage is subject to copayments, coinsurance and deductibles consistent with other benefits under your plan. This notice is being provided in accordance with the "Women's Health and Cancer Rights Act of 1998," which is federal law.

HOW TO FILE AN APPEAL

To initiate an appeal about a decision that adversely affects coverage, benefits, medical necessity or your relationship with us, you must submit a request for an appeal in writing to Prominence Health Plan within a specific timeframe after receipt of your denial notice. Please refer to your EOC or COC for the specific timeframe to submit an appeal.

Prominence Health Plan will make a decision based on the type of request:

- For pre-service appeals (before services are received), Prominence Health Plan must give you a written decision no later than 30 calendar days after the receipt of your appeal request.
- For post-service (after services are received) Prominence Health Plan must give you a written decision no later than 30 calendar days after the receipt of your appeal.
- If you are in a hospital or if you or your doctor believes that waiting too long for a decision could seriously harm your health, you may request, orally or in writing, an Expedited or Urgent Care Appeal. Prominence Health Plan must give you a decision within 24-72 hours after receipt of your appeal.

With your appeal please provide any information or documents relevant to your appeal. All appeals are reviewed by the Plan Medical Director or by a specialist in the same or similar specialty as the requesting practitioner.

You may fax your written appeal confidentially to **775-770-9034**. If you have any questions, the Prominence Health Plan Appeals Specialist can be reached at **775-770-9246**.

HOW TO FILE A COMPLAINT

You can contact Customer Service to speak to someone directly about filing a complaint. Just call the Customer Service phone number on the back of your member ID card with any questions or problems as soon as they arise.

To file a complaint with the Secretary to the Consumer Health Assistance you must submit your complaint in writing to:

Consumer Health Assistance
555 East Washington Avenue, Suite 4800
Las Vegas, Nevada 89101
Phone: 702-486-3587 or 888-333-1597 • Fax: 702-486-3586

Prominence Health Plan will not retaliate against a member for filing a complaint and cannot condition the member's enrollment or the member's entitlement to benefit.

CLAIMS PROCEDURES

Prominence Health Plan offers detailed information on its website about the following:

- How to file a claim
- Claim forms and where to send payment
- When a claim is denied
- Internal review of denied claims
- Adverse benefit determination

Please visit **prominencehealthplan.com > Members > Claims Payment Policies**.

RIGHT TO REQUEST EXTERNAL REVIEW FOR FINAL UTILIZATION MANAGEMENT DECISIONS

If Prominence Health Plan has issued a final denial of your request for the provision of or payment for a healthcare service or course of treatment, you may have a right to have our decision reviewed by external independent healthcare professionals. These are professionals who have no association with the health plan and who will be impartial if our decision involved making a judgment as to the medical necessity, appropriateness, healthcare setting, or level of care or effectiveness of the healthcare service or treatment.

Your request for external review must be made within four months after initial receipt of denial.

Contact:
Office for Consumer Health Assistance
555 East Washington #4800
Las Vegas, NV 89101
Phone: 702-486-3587 or 888-333-1597 • Fax: 702-486-3586

EXCEPTION PROCESS TO PHARMACY FORMULARY

Prominence Health Plan has a process in place to review requests for exceptions to the Prominence Health Plan Formulary. There are several types of exception requests that are available to you or your prescribing physician:

- You can ask for a drug to be covered even if it is not on the formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask Prominence to provide the drug at a lower cost-sharing level.
- You can ask for coverage restrictions or limits on your drug to be waived. For example, for certain drugs, Prominence Health Plan limits the amount of the drug that it will cover. If your drug has a quantity limit, you may ask for the limit to be waived and a greater amount to be covered.

Generally, Prominence Health Plan will only approve your request for an exception if the alternative drugs are included on the plan's formulary, the lower cost-sharing drug or additional utilization

restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects. You should contact Prominence Health Plan to request an initial coverage decision for a formulary or utilization restriction exception. When updates are made to the exceptions process, Prominence Health Plan will notify you and your prescribing physician.

For additional information about Prominence Health Plan's processes for how prescribing physicians can submit information that supports the Formulary Exception Process, visit **prominencehealthplan.com > Pharmacy Services.**

FRAUD, WASTE AND ABUSE

The National Health Care Anti-Fraud Association® (NHCAA) estimates that the financial losses due to fraud are in the tens of billions of dollars each year. You can be a part of the solution to stop this unfortunate problem.

YOU can help prevent insurance fraud, waste and abuse

- Review billing and payment information received from your doctors, pharmacy vendors and Prominence Health Plan.
- If services or charges do not appear to be correct, contact Customer Service at the phone number on the back of your member ID card. If you suspect fraud, waste or abuse, contact the Prominence Health Plan Compliance Department at **775.770.9444** or email PHP.MedicareCompliance@uhsinc.com.

DISCRIMINATION IS AGAINST THE LAW

Prominence Health Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Prominence Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. Prominence Health Plan provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

Provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, contact the Customer Service team at the phone number on the back of your member ID card.

If you believe that Prominence Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Prominence Compliance Department, 1510 Meadow Wood Lane, Reno, NV, 89502, Phone: 855-969-5882, TTY/TDD: 711, or Fax: 813-513-7309. You can file a grievance in person or by mail or fax. If you need help filing a grievance, Prominence Compliance Department is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at: https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue
SW, Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.

Prominence Health Plan cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo.
Sumusunod ang Prominence Health Plan sa mga naaangkop na Pederal na batas sa karapatang sibil at hindi nandidiskrimina batay sa lahi, kulay, bansang pinagmulan, edad, kapansanan o kasarian.
Prominence Health Plan tuân thủ luật dân quyền hiện hành của Liên bang và không phân biệt đối xử dựa trên chủng tộc, màu da, nguồn gốc quốc gia, độ tuổi, khuyết tật, hoặc giới tính.

ACCESS YOUR HEALTH PLAN DOCUMENTS ONLINE!

Manage personal benefit information online and access your comprehensive member book with summary of benefits and health plan supporting materials, via the secure member portal.
Visit **www.prominencehealthplan.com**
and register today!

You can also call Customer Service at the phone number on the back of your member ID card for any questions you have regarding your health plan benefits or for a printed copy of your complete member handbook.

1510 Meadow Wood Lane
Reno, NV 89502