

Prominence[®]

Health Plan

Nevada Medicare Advantage Quick Reference Guide

Important Telephone Numbers

Customer Service
(Eligibility, benefits, claim status, etc.)
855.969.5882 Phone
www.ProminenceMedicare.com

**Prior Authorizations/
Utilization Management**
775.770.1500 Phone
775.770.9027 Fax

Provider Relations
775.770.9270 Phone
775.770.9006 Fax
PHP-ProviderRelations@uhsinc.com

In-Network Hospitals



Pharmacy - MedImpact

Pharmacy Customer Service
844.587.7389 Phone
858.790.7100 Fax
711 TTY

Mail Order Pharmacy
855.873.8739 Phone
888.783.1773 Fax
www.MedImpactDirect.com

Appeals & Grievances
Prominence c/o MedImpact
Attn: Appeals & Grievance
10181 Scripps Gateway Court
San Diego, CA 92131
858.790.6060 Fax
844.587.7389 Phone

Specialty Pharmacy - CommCare

CommCare Specialty Pharmacy
888.203.7973 Phone
888.203.7980 Fax

Laboratory Services - LabCorp

LabCorp – go to www.labcorp.com to find a lab near you or call 800.762.4344

Claims

Prominence Electronic Claim Submission

Through a partnership with our contracted clearinghouse, Change Healthcare, Prominence Health Plan accepts Prominence Medicare Advantage claims electronically.

Payer ID: 93082

Prominence Paper Claim Submission

Prominence Medicare Advantage paper claims may be submitted to:

Prominence Health Plan
PO Box 151987
Tampa, FL 33684-1987
Attn: Claims Department

Appeals & Grievances

A provider may seek an appeal through the Appeals Department within 60 calendar days when a claim is denied for no authorization or other medical reasons. Mail an appeal or grievance with supporting clinical documentation to:

Prominence Appeals
PO Box 152879
Tampa, FL 33684-2879
Fax: 813.513.7309

Prominence Grievances
PO Box 152899
Tampa, FL 33684-2899
Fax: 813.513.7309

Utilization Management (UM) Department - Authorizations

Authorization Requests

Standard: Medicare allows up to 14 days to make a decision regarding a request for service

Urgent: Service is requested and date of service is within 3-5 days

Expedited: A request can only be expedited if it is felt that waiting up to 14 days for a decision would place the patient's life, health or ability to regain maximum function in serious jeopardy. If this is the case, please call the UM Department at 855.969.5884 and make a request for an expedited review.

Prominence Provider Portal

Access the information you need 24 hours a day through our secure online portal!

www.phpprovider.prod.healthaxis.net/login

- Member eligibility, benefits and claim status
- Request & view Prior Authorization

For help with the use of the portal, you may contact Provider Relations at 775.770.9270

Provider Complaints

Provider complaints related to any administrative issue such as Prominence's policies and procedures or authorizations/referral process must be submitted within 45 calendar days from the date of the occurrence.

Please submit your complaint in writing by mail or fax to:

Provider Relations
PO Box 15859
Tampa, FL 33684-5859
Fax: 813.513.7301

Behavioral Health - Magellan

Please contact Magellan directly for all questions regarding mental health or substance abuse services.

Magellan – 800.424.2572 Phone

Sample Member ID Card

Prominence
Health Plan

RxBIN#: 015574
RxGrp#: UPH20
RxDID#: N0000XXXXX

RxPCN#: ASPROD1
Issuer#: 80840

Prominence Plus (HMO)

Member Since
20XX

ID: N0000XXXXX

JOHN SMITH

Effective Date: 1/1/20XX
PCP: JERRY JOHNSON, MD
Phone: (775) 999-9999

Medicare
Rx
Prescription Drug Coverage

H5945 00X

PCP Office Visit: \$0
Specialty Office Visit: \$50

Urgent Care: \$35
ER: \$90

Member Services-Medical: 1-855-969-5882
Member Services-Rx: 1-844-587-7389

TTY/TDD: 711
TTY/TDD: 711

Website: www.prominencemedicare.com

Prior Authorization (UM): 1-855-969-5884

Submit Claims to:
Prominence Health Plan
Claims Department
P.O. Box 151987
Tampa, FL 33684

Pharmacy Technical Support:
1-844-587-7389

EDI PayerID: 93082

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